

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90099 034 ***150.00

DOCUMENT # P01000066671

1. Entity Name
AMERICAN PRIME FINANCE SERVICES, INC.

Principal Place of Business
2719 COUNTRY CLUB PRADO
CORAL GABLES FL 33134

Mailing Address
2719 COUNTRY CLUB PRADO
CORAL GABLES FL 33134

2. Principal Place of Business

5805 BLUE LAGOON DR.

Suite, Apt. #, etc.

480

City & State

MIAMI FL

Zip

33126

Country

3. Mailing Address

5805 BLUE LAGOON DR.

Suite, Apt. #, etc.

480

City & State

MIAMI FL

Zip

33126

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1118564

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GALIANA, MARGARITA

2719 COUNTRY CLUB PRADO

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

GALIANA, MARGARITA

Street Address (P.O. Box Number is Not Acceptable)

5805 BLUE LAGOON DRIVE STE. 480

City

MIAMI

FL

Zip Code

33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Margarita Galiana

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **GALIANA, MARGARITA**
CITY-ST-ZIP **2719 COUNTRY CLUB PRADO**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **LOPEZ, JORGE**
CITY-ST-ZIP **2719 COUNTRY CLUB PRADO**
CORAL GABLES FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **5805 BLUE LAGOON DR. STE. 480**
CITY-ST-ZIP **MIAMI, FL 33126**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **5805 BLUE LAGOON DR. STE. 480**
CITY-ST-ZIP **MIAMI, FL 33126**

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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jorge Lopez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02
 Date

305-267-9291
 Daytime Phone #

CR2E034 (9/01)