

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90182 032 ***150.00

01/21/03 AV

DOCUMENT # P01000068799

1. Entity Name
RANDALL AUTO FINANCE, INC.



Principal Place of Business
**3111 N.W. 154 TERR.
OPA LOCKA FL 33054**

Mailing Address
**3111 N.W. 154 TERR.
OPA LOCKA FL 33054**

90006269



2. Principal Place of Business
5600 EAST 8 AVE

Suite, Apt. #, etc.
HALEAH

City & State
FL

Zip
33014

Country
USA

3. Mailing Address
3111 N.W. 154 TERR

Suite, Apt. #, etc.
OPA LOCKA

City & State

Zip
FL 33054

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1120612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PEREZ, INEZ R
3111 N.W. 154 TERR.
OPA LOCKA FL 33054**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
COELLO, RANDALL A
3111 N.W. 154 TERR.
OPA LOCKA FL 33054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
PEREZ, INEZ REGINA
3111 N.W. 154 TERR.
OPA LOCKA FL 33054** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/14/2003

CR2E034 (10/02)