

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90139 029 \*\*\*150.00

0293392 AV

**DOCUMENT # P02000077621**

**1. Entity Name**  
**CORPORATE ACCEPTANCE, INC.**



**Principal Place of Business**  
**10915 SW 71ST LANE**  
**MIAMI FL 33173**

**Mailing Address**  
**10915 SW 71ST LANE**  
**MIAMI FL 33173**

**2. Principal Place of Business**

**PO BOX 86 836001**

**3. Mailing Address**

**PO BOX 836001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Miami, FL**

**City & State**

**Miami, FL**

**4. FEI Number**

**13-4207773**

**Applied For**

**Not Applicable**

**Zip**

**33283**

**Country**

**US**

**Zip**

**33283**

**Country**

**US**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**SOTO, CARMEN**  
**10915 SW 71ST LANE**  
**MIAMI FL 33173**

**7. Name and Address of New Registered Agent**

**Name** **Carmen Soto**

**Street Address (P.O. Box Number is Not Acceptable)**  
**3130 SW 20 Street**

**City**

**Miami**

**FL**

**Zip Code**

**33145**

**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**

**4/3/2003**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ **Delete**  
**NAME** **SOTO, CARMEN**  
**STREET ADDRESS** **10915 SW 71ST LANE**  
**CITY-ST-ZIP** **MIAMI FL 33173**

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

**TITLE** **Soto, Carmen** ☐ **Delete**  
**NAME** **3130 SW 20 Street**  
**STREET ADDRESS** **Miami, FL 33145**  
**CITY-ST-ZIP**

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

**TITLE** ☐ **Delete**  
**NAME**  
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**CITY-ST-ZIP**

**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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/3/2003**

Date

Daytime Phone #

CR2E034 (10/02)