2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/30

FILED
May 29, 2003 8:00 am
Secretary of State
04-30-2003 90095 037 ***150.00

DOCUMENT # P02000117578

1. Entity Name
DOLPHIN ACCEPTANCE CORP.

Principal Place of Business	Mailing Address
3900 N.W. 79TH AVENUE STE. 210 MIAMI FL 33166	3900 N.W. 79TH AVENUE STE. 210 MIAMI FL 33166

2. Principal Place of Business	3. Mailing Address
3215 S. State Rd 7	3215 S. State Rd 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood, Florida	City & State: Hollywood, Florida
Zip: 33023 Country: USA	Zip: 33023 Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0490714 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, TANIA 3900 NW 79TH AVENUE STE. 210 MIAMI FL 33166	Name: Ivonne Suarez Street Address (P.O. Box Number is Not Acceptable): 765 NW 122 ct. City: Miami FL Zip Code: 33182

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] 5-25-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GONZALEZ, TANIA 13244 NW 9TH LANE MIAMI FL 32182	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President + Director Ivonne Suarez 3215 S. State Rd 7 Hollywood, FL 33023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUAREZ, IVONNE 765 NW 122 CT. MIAMI FL 33182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

...eby 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 ...ated 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 ... 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 ...ed, or on an attachment with an address, with all other like empowered.

...TURE: SIGNATURE REQUIRED 4/25/03 954893-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #