

2000 UNIFORM BUSINESS REPORT (UBR)

0000927

DOCUMENT # P02509

1. Entity Name

CHASE MANHATTAN AUTOMOTIVE FINANCE CORPORATION

FILED

00 FEB -9 PM 2: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

STEWART AVE.
FL
CITY NY 11530

900 STEWART AVE.
6TH FL
GARDEN CITY NY 11530-4855
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-2690123

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME NORMAN BUCHAN
STREET ADDRESS 900 STEWART AVENUE
CITY-ST-ZIP GARDEN CITY NY 11530

TITLE ☐ Change ☐ Addition
NAME 9000003136359--2
STREET ADDRESS -02/15/00--01112--008
CITY-ST-ZIP ****150.00 ****150.00

TITLE TD ☐ Delete
NAME JERRY DEROJAS
STREET ADDRESS 900 STEWART AVENUE
CITY-ST-ZIP GARDEN CITY NY 11530

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

TITLE V ☐ Delete
NAME LANGAN, ANTHONY
STREET ADDRESS 900 STEWART AVENUE
CITY-ST-ZIP GARDEN CITY NY

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

TITLE S ☐ Delete
NAME JEFFREY LEVINE
STREET ADDRESS 900 STEWART AVE
CITY-ST-ZIP GARDEN CITY NY 11530

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

TITLE D ☐ Delete
NAME ANTHONY LANGAN
STREET ADDRESS 900 STEWART AENUE
CITY-ST-ZIP GARDEN CITY NY 11530

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

TITLE V ☐ Delete
NAME VINCENT B. FIESELER, JR.
STREET ADDRESS 900 STEWART AVENUE
CITY-ST-ZIP GARDEN CITY NY

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

KE

2/2/00

(516) 745-8638