

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90236 040 \*\*\*150.00

**DOCUMENT # P94000012992**

1. Entity Name  
**CREDITAMERICA VENTURE CAPITAL, INC.**



Principal Place of Business  
**7308 PINE FOREST CIRCLE  
LAKE WORTH FL 33467  
US**

Mailing Address  
**7308 PINE FOREST CIRCLE  
LAKE WORTH FL 33467  
US**



2. Principal Place of Business  
**210 Douglas BAENA**

3. Mailing Address  
**210 Douglas BAENA**

Suite, Apt. #, etc.  
**3 APPLE ORCHARD LANE**

Suite, Apt. #, etc.  
**3 APPLE ORCHARD LANE**

City & State  
**BEDFORD, NY**

City & State  
**BEDFORD, NY**

Zip  
**10506**

Country  
**USA**

Zip  
**10506**

Country  
**USA**

4. FEI Number **65-0467686**

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**

**BAENA, SCOTT L  
200 SOUTH BISCAYNE BLVD.  
25TH FLOOR  
MIAMI FL 33131**

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**

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

TITLE ☐ Delete  
NAME **P BAENA, DOUGLAS W**  
STREET ADDRESS **7308 PINE FOREST CIRCLE**  
CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE ☐ Delete  
NAME **S LAVOR, PAUL**  
STREET ADDRESS **444 MADISON AVE**  
CITY-ST-ZIP **NEW YORK NY 10017**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

**2/7/03**

Date

**9139525374**

Daytime Phone #

CR2E034 (10/02)