

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060879

Entity Name
GLOBAL AUTO FINANCE CORP.

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90102 028 ***150.00

Principal Place of Business NW 79TH ST FL 33150	Mailing Address 333 NW 79TH ST MAIMI FL 33150-2940
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Principal Place of Business 2025 NW 36 ST Suite, Apt. #, etc.	3. Mailing Address 2025 NW 36 ST Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33142	Country USA

4. FEI Number 65-0511155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREENFIELD, ALAN E
2600 DOUGLAS ROAD, SUITE 911
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PSTD NORRIS, ROBERT 333 NW 79TH ST MIAMI FL 33150	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____