

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90263 038 \*\*\*150.00

DOCUMENT # P94000060879

1. Entity Name  
GLOBAL AUTO FINANCE CORP.



Principal Place of Business  
2025 NW 36 ST  
MIAMI FL 33142

Mailing Address  
2025 NW 36 ST  
MIAMI FL 33142



2. Principal Place of Business

3. Mailing Address

2025 NW 36 ST

2025 NW 36 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number 65-0511155

Applied For

Not Applicable

Zip 33142

Country USA

Zip 33142

Country USA

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

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

Name ALAN E GREENFIELD  
Street Address (P.O. Box Number is Not Acceptable)  
15105 NW 77 AVE  
Suite 303  
City MIAMI LAKES FL Zip 33014

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

1-13-03

**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. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME NORRIS, ROBERT ☐ Delete  
STREET ADDRESS 2025 NW 36 ST  
CITY-ST-ZIP MIAMI FL 33142

TITLE ~~TRUST FUND CONTRIBUTION~~ VP  
NAME LON C NORRIS ☐ Change ☒ Addition  
STREET ADDRESS 2025 NW 36 ST  
CITY-ST-ZIP MIAMI FL 33142

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

**GLOBAL AUTO FINANCE CORP.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-03 305 9926670

CR2E034 (10/02)