

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90352 046 ***150.00

DOCUMENT # P95000017985

1. Entity Name

FAST AUTO LOANS II, INC.

Principal Place of Business

**1454 NE 163RD ST
 N. MIAMI BEACH FL 33169
 US**

Mailing Address

**1454 NE 163RD ST
 N. MIAMI BEACH FL 33169
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0560611

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

**SAPIR, M. RICHARD L.L.P.
 KAYE, SCHOLER, FIERMAN, HAYSX HANDLER
 777 SO FLAGLER DR WESTOWER STE 1002-900
 WEST PALM BEACH FL 33401**

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, 2002 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 **P** ☐ Delete
 NAME **FRANK PAPPACODA**
 STREET ADDRESS **547 KIME AVE**
 CITY-ST-ZIP **WEST ISLIP NY 11795**

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

TITLE **S** ☐ Delete
 NAME **VINCENT FERRAR**
 STREET ADDRESS **141-11 11TH AVE**
 CITY-ST-ZIP **MALBA NY**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **167-15 12TH AVE.**
 CITY-ST-ZIP **WHITESTONE, NY 11357**

TITLE **VP** ☐ Delete
 NAME **CIVITANO, ANTHONY**
 STREET ADDRESS **165 PACE DR**
 CITY-ST-ZIP **WEST ISLIP NY**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02

Date

516 542-1083

Daytime Phone #

CR2E034 (9/01)