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200	1. UNIFORM BUSI	NESS REPO	RT (UBR	R) FILED	0047950
DOCUMENT # P95000040151			Sep 05, 2001 8:00 am Secretary of State	88	
SUNCOA	ST ACCEPTANCE, INC.			09-05-2001 90027 027 ***550.00	<
1	ce of Business WEST 75 AVENUE 57	Mailing Address 15800 SOUTHWEST 75 AVI MIAMI FL 33157	ENUE	. I TOURLOU UND THE	
	Place of Business 25 SW 74 Court	3. Mailing Address	1166		
Suite, Apt.	#, etc. N/a	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat		City & State		4. FEI Number 65-0582073 Applied For Not Applicable]
Zip 33	IS# USA	33156	USA-	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current I	legistered Agent	Name -	7. Name and Address of New Registered Agent	١,
	CH, AXEL SCAYNE BLVD		Street Ad	ddress (P.O. Box Number is Not Acceptable)	-
3000 MIAMI FL 33132		City	FL Zip Code	;	
8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or r	registered agent, or both, in the State of Florida.	1
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature	ure required when reinstating) DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After September 12, Make Check Payabl		e \$750.00 Trust Fund Contribution Added to Fore	-
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PO ROHNER, MARIA E 15800 SOUTHWEST 75 AVENUE MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maria E. Rohner Ghange Addition 15325 SW 74 Court MIAMI FL 33157	CRZE034 (5/01)
TITLE NAME STREET ADDRESS	STD TARABILLO, MAISA 15800 SOUTHWEST 75 AVENUE	☐ Delete	TITLE NAME STREET ADDRESS	Maisa Tarabillo Change Addition 15325 SW 74 Court	CR2
CITY-ST-ZIP TITLE NAME	MIAMI FL 33157	/ □ Delete	CITY-ST-ZIP TITLE NAME	MAM FL 33157	 '!
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	. Change 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:

SIGNATURE:

SIGNATURE PROBLED AND OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP