

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090825

1. Entity Name

CAR AMERICA FINANCIAL, INC.

Principal Place of Business

524 WEXDON COURT  
LAKE MARY FL 32746  
US

Mailing Address

524 WEXDON COURT  
LAKE MARY FL 32746-6432  
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

59-3364361

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

JALALI, ROBERT  
524 WEXDON COURT  
LAKE MARY FL 32746

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
JALALI, ROBERT S  
524 WEXDON COURT  
LAKE MARY FL 32746



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
SAKHEE, SONNY  
9224 WOODBREEZE BLVD  
WINDERMERE FL 34788



Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP



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STREET ADDRESS  
CITY-ST-ZIP



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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

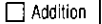


Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP



Change

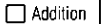


Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change



Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change

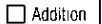


Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change

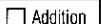


Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



Change

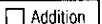


Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



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 authority empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT JALALI

3/10/2000

Date

407-330-3560

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)