

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045090

1. Entity Name

SPEEDY AUTO LOANS, INC.

FILED

01 OCT -2 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business

7575 W. FLAGLER STREET  
SUITE 100  
MIAMI FL 33144

Mailing Address

P.O. BOX 143152  
CORAL GABLES FL 33114-3152

2. Principal Place of Business

5250 SW 8 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 250

City & State

MIAMI FL

City & State

4. FEI Number

65-0682021

Applied For

Not Applicable

Zip

Country

33134

DADE

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AGUDO, PEDRO

7575 WEST FLAGLER STREET

SUITE 100

CORAL GABLES FL 33144

7. Name and Address of New Registered Agent

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE P ☐ Delete  
NAME AGUDO, PEDRO  
STREET ADDRESS P.O. BOX 143152 N/A  
CITY-ST-ZIP CORAL GABLES FL 33114-3152

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 400004641944-2  
STREET ADDRESS -10/18/01--01065--003  
CITY-ST-ZIP \*\*\*\*750.00 \*\*\*\*750.00

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro Agudo 9/27/01 305-443-7929

Date

Daytime Phone #

CR2E034 (5/01)