

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90128 007 ***158.75

DOCUMENT # P96000045090

1. Entity Name
SPEEDY AUTO LOANS, INC.

Principal Place of Business

**5250 S.W. 8TH STREET
 STE. 250
 MIAMI FL 33134**

Mailing Address

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

2. Principal Place of Business

**134 Salamanca
 Suite, Apt. #, etc.
 #4A**

3. Mailing Address

**P.O. Box 143152
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FL

City & State
Coral Gables Florida

4. FEI Number
65-0682021

Applied For
 Not Applicable

Zip
33134

Country
USA

Zip
33114-3152

Country
USA

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 **KARYL AGUDO - ARGAMASILLA**
 Street Address (P.O. Box Number is Not Acceptable)
134 Salamanca
#4A
 City **Coral Gables** **FL** Zip Code **33134**

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)

1/31/02
 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

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
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☐ Change ☒ Addition
 NAME **KARYL AGUDO - ARGAMASILLA**
 STREET ADDRESS **134 Salamanca #4A Coral Gables FL 33134**
 CITY-ST-ZIP

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

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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**

1/31/02 **(305) 724-5231**
 Date Daytime Phone #

CR2E034 (9/01)