

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102134

1. Entity Name

RELIABLE TITLE LOANS, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90076 003 ***150.00

Principal Place of Business

C/O SHELDON ENGELHARD
5355 TOWN CENTER RD. SUITE 801
BOCA RATON FL 33486

Mailing Address

C/O SHELDON ENGELHARD
5355 TOWN CENTER RD. SUITE 801
BOCA RATON FL 33486

2. Principal Place of Business

9441 Harding Ave.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 546916
Suite, Apt. #, etc.

City & State

Surfside, FL

City & State

Surfside, FL

Zip

33154

Country

USA

Zip

33154

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0715829

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

Name

JOSE PEDREIRA

Street Address (P.O. Box Number is Not Acceptable)

9441 Harding Avenue

City

Surfside

FL

Zip Code

33154

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

JOSE F. PEDREIRA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/01
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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	ENGELHARD, SHELDON	
STREET ADDRESS	5355 TOWN CENTER RD, STE. 801	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PEDREIRA, JOSE	
STREET ADDRESS	5355 TOWN CENTER ROAD, SUITE 301	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSE PEDREIRA	
STREET ADDRESS	9441 Harding Avenue	
CITY-ST-ZIP	Surfside, FL 33154	
TITLE	Jay Fox / President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9441 Harding Avenue	
STREET ADDRESS	Surfside, FL 33154	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOSE F. PEDREIRA

JOSE F. PEDREIRA 23/01

Date

Daytime Phone #

305-867-6141

CR2E034 (10/00)