

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000028370**1. Entity Name  
**AMORE AUTO FINANCE COMPANY****FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90055 031 \*\*\*150.00

Principal Place of Business  
**1501 S.W. LEJEUNE ROAD  
CORAL GABLES FL 33134**Mailing Address  
**1501 S.W. LEJEUNE ROAD  
CORAL GABLES FL 33134****C0003508**

DO NOT WRITE IN THIS SPACE

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 **65-0757622**  
Applied For ☐ Not Applicable5. 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	
<b>FORMAN, TERRY J 1521 S.W. LEJEUNE ROAD CORAL GABLES FL 33134</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HERNANDEZ, CYNTHIA 9801 S.W. 131ST STREET MIAMI FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HERNANDEZ, EUGENIO 9801 S.W. 131ST STREET MIAMI FL 33176</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/00)

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: Eugenio Hernandez **EUGENIO HERNANDEZ** **1-6-2001** **305 8835410**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #