

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050406

1. Entity Name

AAA TITLE LENDERS U.S.A., INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90052 018 ***150.00

Principal Place of Business

Mailing Address

160 N. MILITARY TR
WEST PALM BEACH FL 33415
US

160 N. MILITARY TR
WEST PALM BEACH FL 33415-2144
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

65-0929946

Not Applicable

Zip

Country

Zip

Country

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

NORTHCUTT, DAVID
10960 N.W. 28TH STREET
SUNRISE FL 33322

Name **BENJAMIN G. GOLFOND**

Street Address (P.O. Box Number is Not Acceptable)
6830 TOWN HARBOUR BLVD #3522

City **BOCA RATON** FL Zip Code **33433**

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 *Benjamin Galfond* **Benjamin Galfond VICE PRESIDENT** 1/12/00
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 **D** ☒ Delete
NAME **NORTHCUTT, DAVID**
STREET ADDRESS **10960 N.W. 28TH STREET**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **PRESIDENT, Sec** ☐ Change ☒ Addition
NAME **ALEXANDER G. KAMMER**
STREET ADDRESS **160 NORTH MILITARY TRAIL**
CITY-ST-ZIP **WPD, FL 33415**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **BENJAMIN GOLFOND**
STREET ADDRESS **6830 TOWN HARBOUR BLVD #3522**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Alexander G. Kammer* **ALEXANDER G. KAMMER** (561) 688-2725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
1/10/2000

CR2E034 (9/99)