

2003

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90180 039 ***150.00

DOCUMENT # P99000043405

1. Entity Name *AMERICAN AUTO FUNDING SOURCE, CORP.*

Principal Place of Business

15867 SW 71 STREET
 Miami FL 33193

Mailing Address

16300 NE 19 AVE
 SUITE C
 North Miami Bch FL 33162

2. Principal Place of Business

3. Mailing Address

16300 NE 19 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

City & State

City & State

NORTH Miami Bch FL

Zip

Country

Zip

Country

33162

4. FEI Number

65-0918906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name *FERNANDO SILVA*

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

16300 NE 19 AVE

SUITE C

City *NORTH Miami Beach*

FL

Zip Code *33162*

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

04/15/03

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 13, 2000 Min. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PD	ELISEO GUERRA	15867 SW 71 STREET	MIAMI FL 33193	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

04/15/03

Date

Signature Placeholder