

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90068 024 ***150.00

DOCUMENT # P99000044008
Entity Name
UNION CREDIT FINANCE, INC.
Principal Place of Business
50 S. MIAMI AVE.
MIAMI, FLORIDA 33130
Mailing Address
1150 S. MIAMI AVE.
MIAMI, FLORIDA 33130

651703

Principal Place of Business
150 S. Miami Ave.
Suite, Apt. #, etc.
City & State
MIAMI, FLORIDA
Zip
33130
Country
3. Mailing Address
1150 S. Miami Ave.
Suite, Apt. #, etc.
City & State
MIAMI, FLORIDA
Zip
33130
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
Applied For
X Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent
MIGUEL RISHMAGUE
1150 S. MIAMI AVE.
MIAMI, FLORIDA 33130
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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
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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD RISHMAGUE, MIGUEL 1150 S. Miami Ave. MIAMI, FLORIDA 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Miguel Rishmague President.-
4-20-00 305-372-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E034 (9/99)