

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073057

1. Entity Name

FINANCE USA, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90210 012 \*\*\*150.00

Principal Place of Business

4491 ANGLERS AVENUE  
FORT LAUDERDALE FL 33312

Mailing Address

4491 ANGLERS AVENUE  
FORT LAUDERDALE FL 33312-5751

2. Principal Place of Business

4550 Anglers Ave  
Suite, Apt. #, etc.

3. Mailing Address

4550 Anglers Ave  
Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0941168

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Geoffrey R. Eisele

Street Address (P.O. Box Number is Not Acceptable)  
4550 Anglers Ave

City Ft Lauderdale, FL Zip Code 33312

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

President  
(NOTE: Registered Agent signature required when reinstating)

1/10/00  
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

TITLE PD  
NAME HOLMES, STEPHEN C  
STREET ADDRESS 4491 ANGLERS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☒ Delete

TITLE VD  
NAME EISELE, GEOFFREY  
STREET ADDRESS 4491 ANGLERS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE STD  
NAME FITZPATRICK, MICHAEL  
STREET ADDRESS 4491 ANGLERS AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, V, D  
NAME Geoffrey R. Eisele  
STREET ADDRESS 4550 Anglers Ave  
CITY-ST-ZIP Fort Lauderdale, FL 33312 ☒ Change ☐ Addition

TITLE S, T, D  
NAME Michael J. Fitzpatrick  
STREET ADDRESS 4550 Anglers Ave  
CITY-ST-ZIP Fort Lauderdale, FL 33312 ☒ Change ☐ Addition

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

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Fitzpatrick 1/10/00 894-9895  
Secretary Date Daytime Phone #