

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076062

1. Entity Name

EXOTIC AUTO LENDING CONSULTANTS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90143 032 ***150.00

Principal Place of Business

Mailing Address

1279 DINNERBELLE LANE. E.
DUNEDIN FL 34698

1279 DINNERBELLE LANE. E.
DUNEDIN FL 34698-4813

2. Principal Place of Business

3. Mailing Address

2505 ENTERPRISE RD 2505 Enterprise Rd
Suite Apt. #, etc. 5 Suite Apt. #, etc. 5



DO NOT WRITE IN THIS SPACE

City & State CLEARWATER FL		City & State Clearwater FL		4. FEI Number 59-3595308	Applied For Not Applicable
Zip 33763	Country /	Zip 33763	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REATEGUI, HERMAN
1279 DINNERBELLE LANE, E.
DUNEDIN FL 34698

Name
Herman Reategui
Street Address (P.O. Box Number is Not Acceptable)
2505 Enterprise Rd #5
City
Clearwater FL Zip Code
33763

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D REATEGUI, HERMAN 1279 DINNERBELLE LANE, E. DUNEDIN FL 34698 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herman Reategui 2505 Enterprise Rd #5 Clearwater, FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY L REATEGUI 2505 ENTERPRISE RD #5 CLEARWATER FL 33763 <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	TONYA JOHN COLA 2505 ENTERPRISE RD #5 CLEARWATER FL 33763 <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		<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (9/99)