

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # P99000106281

1. Entity Name

MIAMI ACCEPTANCE CORPORATION

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-23-2000 90269 040 ***150.00

Principal Place of Business

Mailing Address

541 N.W. 79TH STREET
MIAMI FL 33150

541 N.W. 79TH STREET
MIAMI FL 33150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0967808

Applied For

Not Applicable

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

~~GARCIA, LAZARO~~

541 N.W. 79TH STREET
MIAMI FL 33150

Name

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

City

FL

Zip Code

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	D/VP	<input type="checkbox"/> Delete
NAME	GARCIA, LAZARO	
STREET ADDRESS	541 N.W. 79TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	PR.	<input type="checkbox"/> Delete
NAME	MARIA E. GARCIA	
STREET ADDRESS	541 NW 79TH	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, LAZARO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, MARIA E.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

(205) 04/28/2000
756-1808

Date

Daytime Phone #

CR2F034 (9/99)