2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V55411 Apr 22, 2000 8:00 am Secretary of State CREDIT COMPANY OF MIAMI, INC. 04-22-2000 90034 031 ***158.75 Principal Place of Business Mailing Address 2060 BISCAYNE BLVD 2693 BISCAYNE BLVD. **MIAMI FL 33137** SECOND FLOOR MIAMI FL 33137-5024 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0348960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KRIEGER, STANLEY J Street Address (P.O. Box Number is Not Acceptable) 2060 BISCAYNE BLVD SECOND FLOOR MIAMI FL 33137 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition PD ☐ Change TITLE Delete TITLE BRAMAN, NORMAN NAME 1.54 .75 STREET ADDRESS 2060 BISCAYNE BLVD., SECOND FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137-5024 ☐ Change Addition TITLE ☐ Delete TITLE KRIEGER, STANLEY J NAME NAME STREET ADDRESS STREET ADDRESS 2060 BISCAYNE BLVD., SECOND FLOOR City-St-ZIP CITY-ST-ZIP MIAMI FL 33137-5024 ☐ Addition Delete TITLE ☐ Change TITLE BERNSTEIN, ROBERT NAME NAME 2060 BISCAYNE BLVD., SECOND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33137-5024 Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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

MILEGER, Secy

4/3/00

305-576-1889

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Daytime Phone #