

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000122798

FILED
Jan 24, 2003
Secretary of State

Entity Name: OX CASH, INC.

Current Principal Place of Business:

444 BRICKELL AVENUE SUITE 1001
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

444 BRICKELL AVENUE SUITE 1001
MIAMI, FL 33131

New Mailing Address:

FEI Number: 74-3071649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMOLE, MYRON M
9700 SOUTH DIXIE HIGHWAY SUITE 1030
MIAMI, FL 33156

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: DAVIS, PENN
Address: 444 BRICKELL AVE. SUITE 1001
City-St-Zip: MIAMI, FL 33131

Title: D () Change (X) Addition
Name: HINSON, KRISTOPHER
Address: 444 BRICKELL AVE. SUITE 1001
City-St-Zip: MIAMI, FL 33131

Title: D () Change (X) Addition
Name: ARVIN, JOSHUA
Address: 444 BRICKELL AVE. SUITE 1001
City-St-Zip: MIAMI, FL 33131

Title: D () Change (X) Addition
Name: GARNER, ROBERT L
Address: 444 BRICKELL AVE. SUITE 1001
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENN DAVIS

D

01/24/2003

Electronic Signature of Signing Officer or Director

Date