

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/11

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90044 003 \*\*\*150.00

**DOCUMENT # V58597**

1. Entity Name

**CASH ON COLLINS, INC.**

Principal Place of Business

7424 COLLINS AVE.  
 MIAMI BEACH FL 33141

Mailing Address

7424 COLLINS AVE.  
 MIAMI BEACH FL 33141-2714

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0361263**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RIVERON, ROMELIO G.**  
**8442 NW 166 TRAIL**  
**MIAMI FL 33016**

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RIVERON, ROMELIO G</b>	
STREET ADDRESS	<b>8442 NW 166 TR.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33016</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Romelio Riveron*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/00**  
 Date

**305 5411050**  
**305-644-4444**  
 Daytime Phone #

CR2E034 (9/99)

ATTENTION, FLORIDA DEPARTMENT OF STATE, THE PERSON WHO  
SIGNED THIS APPLICATION IS AN OFFICER LISTED IN  
THE CORPORATION HIS NAME IS ROMELIO G RIVERON  
I'm THAT PERSON.

ANY QUESTION CONTACT ME X 1-305-5411050

300618

Sincerely

X  
Romelio Riveron

DOCA V 58597

*Edith Urday*



EDITH URDAY  
COMMISSION # CC 644984  
EXPIRES JUN 26, 2001  
BONDED THRU  
ATLANTIC BONDING CO., INC.

