

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 19, 2001 8:00 am
Secretary of State**

01-19-2001 90085 027 ***150.00

0204036

DOCUMENT # 653449

1. Entity Name

YES CASH, INC.

Principal Place of Business

**2440 SW 87 AVE
MIAMI FL 33165
US**

Mailing Address

**2500 SW 87TH AVE
MIAMI FL 33165
US**

000124



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2388 NW 27th Ave.
Suite, Apt. #, etc.
Mia, Fla 33142.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0827865**Applied For
Not ApplicableZip **33142**Country **City Miami**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUAREZ, ARMANDO L
14020 SW 38TH STREET
MIAMI FL 33179**

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 regis. agent, title if app.

(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, 2001 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 **DP** ☐ Delete
NAME **SUAREZ, ARMANDO L**
STREET ADDRESS **14020 SW 38TH STREET**
CITY-ST-ZIP **MIAMI FL 33179**TITLE **DS** ☐ Delete
NAME **GONZALEZ, MARIA I**
STREET ADDRESS **14020 S.W. 38TH ST**
CITY-ST-ZIP **MIAMI FL 33179**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)