

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1

DOCUMENT # A11463

1. Entity Name
FLORIDA CHECKCASHERS #1, LTD. PARTNERSHIP

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 19 AM 11:43

Principal Place of Business
1142 S. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33316

Mailing Address
1142 S. FEDERAL HIGHWAY
FT. LAUDERDALE FL 33316-1257



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-3145018		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OKO, RALPH N. 1142 S. FEDERAL HIGHWAY FT. LAUDERDALE FL 33316		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. ~~\$90,000.00~~

10. Amount of Capital Contributions in FLORIDA to date. ~~5000~~

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # K74497	NAME RAFI CORPORATION, INC.	STREET ADDRESS	
STREET ADDRESS 1142 SO. FEDERAL HIGHWAY		CITY - ST - ZIP	
CITY - ST - ZIP FT. LAUDERDALE FL 33316		STREET ADDRESS	300003242683--2
		CITY - ST - ZIP	-05/08/00--01089--024
			****141.25 ****141.25
DOCUMENT #	NAME	STREET ADDRESS	
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
		CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 4-17-00 958-784-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

0-1E003 (9/99)