

2001 UNIFORM BUSINESS REPORT (UBR)

0006627 AF

DOCUMENT # **A11463**

1. Entity Name

FLORIDA CHECKCASHERS #1, LTD. PARTNERSHIP

FILED

01 APR 20 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~1142 S. FEDERAL HIGHWAY~~ **SUITE 163** ~~1142 S. FEDERAL HIGHWAY~~
~~FT. LAUDERDALE FL 33316~~ **4747 Hollywood Blvd.** ~~FT. LAUDERDALE FL 33316~~
Hollywood, FL 33021 **Hollywood, FL 33021**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	36-3145018	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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		SUITE 163 4747 Hollywood Blvd. Hollywood, FL 33021	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
9. Capital Contributions as Shown on record.	\$90,000.00	10. Amount of Capital Contributions in FLORIDA to date.
		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	STREET ADDRESS	SUITE 163
NAME	RAFI CORPORATION, INC.	CITY-ST-ZIP	4747 Hollywood Blvd. Hollywood, FL 33021
STREET ADDRESS	1142 S. FEDERAL HIGHWAY		
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200004137022--0
STREET ADDRESS			-05/04/01--01090--008
CITY-ST-ZIP			****526.25 ****526.25
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DOCUMENT #		STREET ADDRESS	
NAME		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: _____	DATE: 4-15-01	DAYTIME PHONE #: 954-967-0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

CR2E003 (11/00)