## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # F78896** 1. Entiry Name THE CHECK CASHING STORE, INC. 4-17-2001 90020 021 \*\*\*150.00 Principal Place of Business Mailing Address 5200 NW 33RD AVE 1400 E TOUHY AVE **STE 100** A0049630 FT. LAUDERDALE FL 33311 DES PLAINES IL 60018 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 109 City & State City & State 4. FEI Number Applied For 59-2187368 Not Applicable Zip Country Country Zin **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAUSER, PAUL P Street Address (P.O. Box Number is Not Acceptable) 5200 N.W. 33rd Avenue 5200 N.W. 33RD AVENUE **SUITE #203** Suite 109 FT. LAUDERDALE FL 33309 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HAUSER, PAUL P STREET ADDRESS STREET ADDRESS 5200 N.W. 33RD AVENUE CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete TITLE Change ☐ Addition TITLE STD NAME NAME HERSHMAN, BARRY E STREET ADDRESS STREET ADDRESS 1400 E TOUHY AVE STE 100 CITY-ST-7IP CITY-ST-ZIP DES PLAINES IL ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME EAGER, ALLEN STREET ADDRESS STREET ADDRESS 1400 E TOUHY AVE STE 100 CITY-ST-ZIP CITY-ST-7IP DES PLAINES IL Change ☐ Addition ☐ Delete TITLE TITLE NAME MARSHALL DAVIS NAME STREET ADDRESS STREET ADDRESS 5200 NW 33RD AVE CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Change □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Barry E Hershman, Secretary-Treasurer GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR