

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90098 046 ***550.00

DOCUMENT # F97000005403

1. Entity Name

POPULAR CASH EXPRESS, INC.

Principal Place of Business

5551 VANGUARD ST., STE. 100
 ORLANDO FL 32819

Mailing Address

6200 N. HIAWATHA
 SUITE 200
 CHICAGO IL 60646

2. Principal Place of Business

1401 SW 1ST STREET

3. Mailing Address

Suite, Apt. #, etc.

SUITE A

City & State

MIAMI FL

City & State

Zip

33155

Country

Zip

Country

4. FEI Number

59-3470902

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~FERNANDEZ, JULIA MARIE~~
~~1344 NE 163RD STREET~~
~~NORTH MIAMI BEACH FL 33162~~

7. Name and Address of New Registered Agent

Name **Jesus Rodriguez**

Street Address (P.O. Box Number Not Acceptable)

1401 SW 1ST ST. A.

City **Miami**

FL

Zip Code

33155

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

Jesus Rodriguez, Regional manager *X Jesus Rodriguez*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	C	<input type="checkbox"/> Delete
NAME	CARRION, RICHARD L	
STREET ADDRESS	209 MUNOZ RIVERA AVE.	
CITY-ST-ZIP	HATO REY PR 00918	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HERENCIA, ROBERTO R	
STREET ADDRESS	400 W NORTH AVE	
CITY-ST-ZIP	CHICAGO IL 60639	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	RIERA, JOSE J	
STREET ADDRESS	6200 N HIAWATHA STE 200	
CITY-ST-ZIP	CHICAGO FL 60646	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	GAGERMAN, JEROME S	
STREET ADDRESS	6200 N HIAWATHA, SUITE 200	
CITY-ST-ZIP	CHICAGO IL 60646	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GAGERMAN, GARY	
STREET ADDRESS	6200 N HIAWATHA, SUITE 200	
CITY-ST-ZIP	CHICAGO IL 60646	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ALVAREZ, BRUNILDA S	
STREET ADDRESS	209 MUNOZ RIVER AVE.	
CITY-ST-ZIP	HATO REY PR 00918	

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	
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	
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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/00 813-205-8300
 Date Daytime Phone #

CR2E034 (5/00)