

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90001 040 ***158.75

DOCUMENT # F97000005403

1. Entity Name
POPULAR CASH EXPRESS, INC.



Principal Place of Business

1401 SW 1ST STREET
SUITE A
MIAMI, FL 33155

Mailing Address

9600 WEST BRYN MAWR
ROSEMONT, IL 60018

54063711



2. Principal Place of Business

280 SW 8th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004

Chg-P

CR2E034 (10/03)

City & State

Miami

City & State

4. FEI Number

59-3470902

Applied For

Not Applicable

Zip

33130

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	RIERA, JOSE J	
STREET ADDRESS	6200 N HIAWATHA STE 200	
CITY-ST-ZIP	CHICAGO, FL 60646	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEHMAN, LARRY	
STREET ADDRESS	6200 N HIAWATHA, STE 200	
CITY-ST-ZIP	CHICAGO, IL 60646	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NIERMAN, MARK	
STREET ADDRESS	1415 CARDENA AVE	
CITY-ST-ZIP	GLENDALE, CA 91204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard Flaherty	
STREET ADDRESS	9600 W. Bryn Mawr, 1st FL	
CITY-ST-ZIP	Rosemont, IL 60018	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9600 W. Bryn Mawr, 1st FL	
CITY-ST-ZIP	Rosemont, IL 60018	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry Lehman

LARRY LEHMAN

7-8-04

847-994-5973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #