

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90089 021 ***150.00

DOCUMENT # F97000005403

1. Entity Name
POPULAR CASH EXPRESS, INC.



Principal Place of Business
**1401 SW 1ST STREET
SUITE A
MIAMI FL 33155**

Mailing Address
~~6200 N. HIAWATHA~~ **9600 W. Bryn Mawr**
~~SUITE 200~~ **Rosemont, IL 60018**
~~CHICAGO IL 60646~~



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

9600 West Bryn Mawr
Suite, Apt. #, etc.

City & State

City & State
Rosemont, IL 60018

4. FEI Number **59-3470902**

Applied For
Not Applicable

Zip

Country

Zip
60018

Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, JESUS
1401 SW 1ST ST A
MIAMI FL 33155**

Name
Bruni Hasko
Street Address (P.O. Box Number is Not Acceptable)
280 SW 8th Street
City
Miami, FL Zip Code
33130

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RIERA, JOSE J**
STREET ADDRESS **6200 N HIAWATHA STE 200**
CITY-ST-ZIP **CHICAGO FL 60646**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LEHMAN, LARRY**
STREET ADDRESS **6200 N.HIAWATHA,STE 200**
CITY-ST-ZIP **CHICAGO IL 60646**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **NIERMAN, MARK**
STREET ADDRESS **1415 CARDENA AVE**
CITY-ST-ZIP **GLENDALE CA 91204**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: Mark Nierman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03

Date Daytime Phone #

CR2E034 (10/02)