

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90235 008 ***550.00

0136947 AT

DOCUMENT # F98000002657

1. Entity Name
AMERICASH INC.

Principal Place of Business
6112 KNOTT AVE.
BUENA PARK CA 90621

Mailing Address
6112 KNOTT AVE.
BUENA PARK CA 90621

2. Principal Place of Business
450 APOLLO STREET

3. Mailing Address
450 APOLLO STREET

Suite, Apt. #, etc.
SUITE E

Suite, Apt. #, etc.
SUITE E

City & State
BREA, CA

City & State
BREA, CA

Zip
92821

Country
USA

Zip
92821

Country
USA

4. FEI Number
33-0800075

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE
NO. 1114
MIAMI BEACH FL 33139-0000

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 12, 2001 Fee 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 **P** ☐ Delete
NAME **GIANGRANDE, PAUL**
STREET ADDRESS **6112 KNOTT AVE.**
CITY-ST-ZIP **BUENA PARK CA 90621**

TITLE **V** ☐ Delete
NAME **MARTIN, MICHAEL F**
STREET ADDRESS **6112 KNOTT AVE**
CITY-ST-ZIP **BUENA PARK CA 90621**

TITLE **S** ☐ Delete
NAME **GIANGRANDE, JILL**
STREET ADDRESS **6112 KNOTT AVE**
CITY-ST-ZIP **BUENA PARK CA 90621**

TITLE **T** ☐ Delete
NAME **GIANGRANDE, JILL**
STREET ADDRESS **6112 KNOTT AVE**
CITY-ST-ZIP **BUENA PARK CA 90621**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/2001 614-994-7554

CR2E034 (5/01)