

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90011 038 ***150.00

CR2E034 (9/01)

DOCUMENT # F98000002657

1. Entity Name
AMERICASH INC.

Principal Place of Business

**450 APOLLO STREET
 STE E
 BREA CA 92621**

Mailing Address

**450 APOLLO STREET
 STE E
 BREA CA 92621**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
 92621

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
 92821

Country

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P. GIANGRANDE, PAUL
6112 KNOTT AVE.
BUENA PARK CA 90621

☐ Delete

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

☐ Delete

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

☐ Delete

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

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

1/8/2002 714-9914-7554
 X1002