

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004080

1. Entity Name  
ABC MONEY TRANSACTIONS, INC.

Principal Place of Business  
3538 W. WALNUT ST.  
GARLAND TX 75042

Mailing Address  
1400 S JACKSON STREET STE 2  
SEATTLE WA 98144

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
13071 BROOKHURST ST  
STE 115  
GARDEN GROVE, CA  
Zip 92843 Country

**FILED**  
Sep 05, 2001 8:00 am  
Secretary of State  
09-05-2001 90011 043 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 75-2624140 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
TAI VU, JOHN  
ABC MONEY TRANSACTIONS, INC.  
1009 N. MILLS AVE.  
ORLANDO FL 32803

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST TAI VU, JOHN 3538 W. WALNUT ST. GARLAND TX 75042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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** **John Tai Vu** 8-20-01 534-8935  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0136168 AT

CP2E034 (5/01)