

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90796 021 \*\*\*150.00

**DOCUMENT # K07513**

1. Entity Name

**FOREIGN CURRENCY EXCHANGE CORP**

Principal Place of Business

1650 SANDLAKE RD  
 SUITE 201A  
 ORLANDO FL 32809

Mailing Address

1650 SANDLAKE RD  
 SUITE 201A  
 ORLANDO FL 32809

2. Principal Place of Business

5750 Major Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Address

5750 Major Blvd.

Suite, Apt. #, etc.

Suite 200

City & State

Orlando, FL

Zip

32819

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2862300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PINNA, RANDOLPH W

1650 SANDLAKE RD., STE 200

ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name

Pinna, Randolph W

Street Address (P.O. Box Number is Not Acceptable)

5750 Major Blvd., Suite 200

City

Orlando

FL

Zip Code

32819

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 ☐ Delete

P  
 NAME PINNA, RANDOLPH  
 STREET ADDRESS 1650 SANDLAKE RD #201A  
 CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Delete

S  
 NAME BARBER, STACEY  
 STREET ADDRESS 1650 SAND LAKE RD, SUITE 200  
 CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Delete

T  
 NAME WEISHEYER, JAMES  
 STREET ADDRESS 1650 SAND LAKE RD, SUITE 200  
 CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Delete

DIR  
 NAME SANFORD, DINNA  
 STREET ADDRESS 1307 E VINE ST  
 CITY-ST-ZIP KISSIMEE FL 34744

TITLE ☐ Delete

DIR  
 NAME MICKLEBOROUGH, MARK  
 STREET ADDRESS 390 BAY ST STE 1615  
 CITY-ST-ZIP TORONTO ON M5-H2Y2

TITLE ☐ Delete

DIR  
 NAME ROGERS, DAVID  
 STREET ADDRESS 390 BAY ST STE 1615  
 CITY-ST-ZIP TORONTO ON M5-H2Y2

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

P  
 NAME Randolph Pinna  
 STREET ADDRESS 5750 Major Blvd, Suite 200  
 CITY-ST-ZIP Orlando, FL 32819

TITLE ☒ Change ☐ Addition

S  
 NAME Prakash, Stacey  
 STREET ADDRESS 5750 Major Blvd., Suite 200  
 CITY-ST-ZIP Orlando, FL 32819

TITLE ☒ Change ☐ Addition

T  
 NAME Weisheyer, James  
 STREET ADDRESS 5750 Major Blvd., Suite 200  
 CITY-ST-ZIP Orlando, FL 32819

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES WEISHEYER

Date

Daytime Phone #

3-7-02 407 992 2783

CR2E034 (9/01)