

~~Amended~~  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000006212**

1. Entity Name

**ACCURATE CASH ACCESS, LLC**

FILED 09-18-2002 90047 008 \*\*\*\*\*50.00  
L01000006212

02 DEC 26 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business 1801 S. FEDERAL HIGHWAY SUITE 300 DELRAY BEACH FL 33483	Mailing Address 1801 S. FEDERAL HIGHWAY SUITE 300 DELRAY BEACH FL 33483
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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12/26

DO NOT WRITE IN THIS SPACE

MJH

4. FEI Number 651106434	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00-Additional Fee Required
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**6. Name and Address of Current Registered Agent**

PERSILY, MARK  
5701 PINE ISLAND ROAD  
SUITE 240  
FT. LAUDERDALE FL 33483

**7. Name and Address of New Registered Agent**

Name: Albert Angel  
Street Address (P.O. Box Number is Not Acceptable)  
1801 S. Federal Highway, Suite 300  
City: Delray Beach FL Zip Code: 33483

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Albert Angel

9/5/02

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Department of State  
Due By September 25, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER</b> <b>ERIC CHERRY</b> <b>1801 S. FED HWY SUITE 300</b> <b>DELRAY BEACH FL 33483</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE REQUIRED**

8-29-02

561-272-5667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)