FILED

Feb 19, 2002 8:00 am

2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT #

Secretary of State FLORIDA MONEY MANAGEMENT GROUP, INC. 02-19-2002 90066 023 ***150.00 Principal Place of Business Mailing Address 4300 N UNIVERSITY DR 5550 NW 6124 ST 4300 N UNIVERSITY DR 4550 NW 614 Ap+ 513 D203--D203coconut cleek LAUDERHILL FL 30351 CO CONS+ Creek LAUDERHILL FL 30051 US F 4 33073 F4 33077 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0163328 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENTHAL, STANLEY Street Address (P.O. Box Number is Not Acceptable) -4300 N UNIVERSITY DR STE D203 -LAUDERHILL FL-9995+ Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on:back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE TITLE □ Defete ROSENTHAL, STANLEY NAME NAME 2220 NM 6177 2 2000 OAKMONT TERRACE STREET ADDRESS STREET ADDRESS Ap+ 513 CORAL SPRINGS FL 33071-7719 **८**011Y-\$**17**−711**€**. ₿30⋾3 CITY-ST-ZIP ocanut. Cree VSD Addition ☐ Change TITLE Delete ROSENTHAL, MARTIN D. NAMÉ NAME 19267 NW 12TH MANOR-STREET ADORESS STREET ADDRESS PEMBROKE PINES FL 33029 -CITY-ST-ZIP CITY-ST-7IP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attaching with a paddless, with all other like empowered.