

# 2000 UNIFORM BUSINESS REPORT (UBR)

0004111 AF

DOCUMENT # L99000008158

1. Entity Name  
CASH IS OUR BUSINESS, L.L.C.

**FILED**  
00 JAN 13 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*W*  
*1/20*

Principal Place of Business  
7841 SOUTHWEST 170 STREET  
MIAMI FL 33157

Mailing Address  
7841 SOUTHWEST 170 STREET  
MIAMI FL 33157-4869



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
STUART, VALERIE  
7841 SOUTHWEST 170 STREET  
MIAMI FL 33157 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition  
**500003105605--9**  
**-01/21/00--01010--007**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

*Valerie Stuart*  
1/7/00 305-252-8999

CR2E083 (9/99)