2000 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # L9900008485 1. Entity Name CASH SYSTEMS INTERNATIONAL LLC				Mar 19, 2000 08:00 AM Secretary of State
Principal Place of Business 9121 sw 102ND STREET		Mailing Address 9121 SW 102ND STREET		
MIAMI 33176	FL	MIAMI 33176	FL	
2. Principal Place of Business		3. Mailing Address		7
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For 65-0971127 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
PLOUCHA L.M.			Name	
C/O ATKINSON, DINER, STONE, ET AL 1946 TYLER STREET			Street Addres	ss (P.O. Box Number is Not Acceptable)
HOLLYWOO	D I	FL		•
33020	US		City	FL Zip Code
8. The above	named entity submits this statement	for the purpose of changing its r	eaistered office or reais	stered agent, or both, in the State of Florida.
SIGNATURE L. M. PLOUCHA Signature, typed or printed name of registered agent and little 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 MEM	BERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAYES THOMAS J		NAME	
STREET ADDRESS	9121 SW 102ND STREET	FT 22456	STREET ADDRESS	
CITY-ST-ZIP	MIAMI	FL 33176	CITY-ST-ZIP	
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortify that the information and the second	Delete	YITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

I nereby certify that the information supplied with this hing does not quality 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.