

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90362 018 ***158.75

DOCUMENT # M10703

1. Entity Name **QUICK CASH, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

710-712 NE 2nd AVE

3. Mailing Address

3033 NE 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-2493094

Applied For

Not Applicable

Zip

33132

Country

DADE

Zip

33137

Country

DADE

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JIMENEZ, EDUARDO

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

9201 SW 105th STREET

City

MIAMI

FL

Zip Code

33176

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JIMENEZ, EDUARDO
9201 SW 105th STREET
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
JIMENEZ, ENITH
9201 SW 105th STREET
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
JIMENEZ, ADRIANA
9201 SW 105th STREET
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JIMENEZ, EDUARDO JR.
9201 SW 105th STREET
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)