## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # M13530** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name U.S.A. MONEY CENTER, INC. 04-28-2000 90132 045 \*\*\*158.75 Principal Place of Business Mailing Address 4445 W 16TH AVE, 3RD FLOOR 4445 W 16TH AVE, 3RD FLOOR HIALEAH FL 33012 HIALEAH FL 33012-7189 2. Principal Place of Business 3. Mailing Address 1010 010 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 100 City & State 4. FEI Number Applied For City & State 59-2546936 HIALEAH Not Applicable -3.301Z Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANIELS, DANIELS, DANNY Street Address (P.O. Box Number is Not Acceptable) 4445 W. 16TH AVENUE, 3RD FLOOR HIALEAH FL 33012 Zin Code 2012 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. (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PST PST TITLE ☐ Delete TITLE Change ☐ Addition DANIELS DANNY 1010 W. 49 ST. #100 DANIELS, DANNY NAME NAME 4445 W. 16TH AVE., 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH PI. 33012 CITY - ST- ZIF HIALEAH FL 33012 Change ☐ Addition ☐ Delete TITLE TITLE DANIELS, DANNY DANIELS, DANNY NAME NAME 1010 W. 49 5" #100 4445 W. 16TH AVE., 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dayline Phone #