

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90143 036 \*\*\*550.00

**DOCUMENT # M39444**

1. Entity Name  
**MONEY AND EGO, INC.**

Principal Place of Business  
**350 W FLAGLER ST**  
**MIAMI FL 33130**  
*172 W. Flagler Street - Suite 320*  
*MIAMI, FL 33130*

Mailing Address  
**350 W FLAGLER ST**  
**MIAMI FL 33130**  
*← Same*

2. Principal Place of Business  
*172 WEST FLAGLER STREET*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.  
*Suite 320*

Suite, Apt. #, etc.

City & State  
*Miami, FL*

City & State

Zip  
*33130*

Country  
*USA*

Zip

Country

4. FEI Number **59-2724673**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CAPLAN, S.L.**  
**350 WEST FLAGLER STREET**  
**MIAMI FL 33130**


Name  
*SAME*

Street Address (P.O. Box Number is Not Acceptable)  
*172 WEST FLAGLER STREET*

*Suite 320*

City  
*Miami* **FL** Zip Code  
*33130*

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  *S.L. Caplan* *9-4-00*

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)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VPD <input type="checkbox"/> Delete
NAME	<b>CAPLAN, DOROTHY</b>
STREET ADDRESS	<b>350 W. FLAGLER STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33130</b>
TITLE	P <input type="checkbox"/> Delete
NAME	<b>CAPLAN, S.L.</b>
STREET ADDRESS	<b>350 W. FLAGLER STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33130</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Dorothy Caplan</i>
STREET ADDRESS	<i>172 West Flagler Street Suite 320</i>
CITY-ST-ZIP	<i>Miami, FL 33130</i>
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>S.L. Caplan</i>
STREET ADDRESS	<i>350 West Flagler Street Suite 320</i>
CITY-ST-ZIP	<i>Miami, FL 33130</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 attachment with an address with an officer like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9-4-00* *305 374-3426*

Date Daytime Phone #

CR2E034 (5/00)

A0076365



DO NOT WRITE IN THIS SPACE