

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90038 038 ****61.25

DOCUMENT # N97000001376

1. Entity Name

CURRENCY EXCHANGE ASSOCIATION OF AMERICA, INC.

Principal Place of Business

Mailing Address

**1650 SANDLAKE ROAD
 SUITE 202
 ORLANDO FL 32809**

**1650 SANDLAKE ROAD
 SUITE 202
 ORLANDO FL 32809-9118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3450236

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINNA, RANDOLPH W
 1650 SANDLAKE ROAD
 SUITE 202
 ORLANDO FL 32809**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D PINNA, RANDOLPH W**
 STREET ADDRESS **1650 SANDLAKE RD, STE 202**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BARBER, STACEY**
 STREET ADDRESS **4619 CASON COVE DR, #1026**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE Change Addition
 NAME
 STREET ADDRESS **421A. EAST AMELIA ST.**
 CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE Delete
 NAME **D PINNA, AUGUSTE J**
 STREET ADDRESS **4818 CHAROWEN DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stacey Barber* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00

Date

407 850-9419

Daytime Phone #

CR2E037 (9/99)