

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90486 006 \*\*\*\*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

DUUUFUUJJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5750 MAJOR BLVD.**

Suite, Apt. #, etc.

**SUITE 200 B**

City & State

**ORLANDO, FL**

Zip

**32819**

Country

**USA**

3. Mailing Address

**5750 MAJOR BLVD**

Suite, Apt. #, etc.

**SUITE 200 B**

City & State

**ORLANDO, FL**

Zip

**32819**

Country

**USA**

4. FEI Number

**59-3450236**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **RANDOLPH W. PINNA**

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

**5750 MAJOR BLVD**

**SUITE 200 B**

City

**ORLANDO**

FL

Zip Code

**32819**

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

*Stacey Prakash*

**STACEY PRAKASH**  
 Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/1/02**

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

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

TITLE  Delete  
 NAME **D PRAKASH, STACEY B**  
 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  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **5750 MAJOR BLVD, SUITE 200 B**  
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Prakash* **STACEY PRAKASH**

**4/1/02**

**800-999-0689**

CR2E037 (9/01)