

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90370 027 ***158.75

DOCUMENT # *P0000000 5108*

1. Entity Name

Miami Check CASHING, Inc

Principal Place of Business

13727 SW 152nd Ave #364
Miami FL 33177

Mailing Address

13727 SW 152nd Ave #364
Miami FL 33177

2. Principal Place of Business

15403 SW 137th Ave
 Suite, Apt. #, etc.

3. Mailing Address

15403 SW 137th Ave
 Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0974365

Applied For

Not Applicable

Zip

33177

Country

Miami-Dade

Zip

33177

Country

Miami-Dade

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

D0014963

6. Name and Address of Current Registered Agent

Spiegel & Utrera P.A
343 Almeida Ave
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name *ERIC NARCIA DI*

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

13727 SW 152nd Ave #364

City

Miami

FL

Zip Code

33177

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

ERIC NARCIA DI, V.P.

DATE

2/1/01

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 \$150.00

After MAY 1, 2001, Fee will be \$550.00

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

TITLE *PRES*
 NAME *ERIC NARCIA DI* ☐ Delete
 STREET ADDRESS *13727 SW 152nd Ave #364*
 CITY-ST-ZIP *Miami FL 33177*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *V.P. - D-3* ☒ Change ☐ Addition
 NAME *ERIC NARCIA DI*
 STREET ADDRESS *13727 SW 152nd Ave #364*
 CITY-ST-ZIP *Miami FL 33177*

TITLE *President - D* ☐ Change ☒ Addition
 NAME *Eleonora NARCIA DI*
 STREET ADDRESS *13727 SW 152nd Ave #364*
 CITY-ST-ZIP *Miami FL 33177*

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

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.-D

DATE

2/1/01 786-2426522

Daytime Phone #

CR2E034 (11/00)