

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90878 026 \*\*\*158.75

DOCUMENT # P00000048607

1. Entity Name

CASH + CAPITAL RESOURCE SOLUTIONS, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12105 61ST LN N

Suite, Apt. #, etc.

3. Mailing Address

1128 Royal Palm Beach Blvd

Suite, Apt. #, etc.

PMB #473

DO NOT WRITE IN THIS SPACE

City & State

RPB, FL

City & State

Royal Palm Beach

4. FEI Number

65-1009136

Applied For

Not Applicable

Zip

33412

Country

Palm Beach

Zip

FL

Country

Palm Beach

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

J. (Jonene) Michele Villareale

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

12105 61ST LANE NO

City

Royal Palm Beach

FL

Zip Code

33412

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
J. MICHELE VILLAREALE  
12105 61ST LANE NO.  
RPB, FL 33412

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. PRES.  
JONENE A. HISCOCK  
3 Same

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-02 561-793-7747

CR2E034B (12/01)