## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P00000050200 **DOCUMENT #**

1. Entity Name

CASHFLOW FINANCING INC.



## **FILED** Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90082 044 \*\*\*150.00

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Principal Place of Business 5394 WEST 16TH AVE HIALEAH FL 33012		5394 WE SUITE 1	Mailing Address 5394 WEST 16TH AVE SUITE 110 HIALEAH FL 33012							
2. Principal Place of Busi	ness	3. Mailin	ng Address							<b>j</b> iii <b>li</b> ii 1 <b>15</b> 1
Suite, Apt. #, etc.	,	Suite,	Apt. #, etc.				CHECK HERE	E IF MAKING	CHANGES	
City & State		City &	City & State			<b>4.</b> F	4. FEI Number 65-1021687 Applied Fo			<u> </u>
Zip Country  6. Name and Address of Current		Zip	,		ry	5. (	5. Certificate of Status Desired Sa.75 Addition Fee Required		ditional	
		nt Registered			7. Name and Address of New Registered Agent					-
O. Walle	and Address of Odiffer	it riegistered	Agent		Name	7. 1	anie ana Adaless of New	riegisteres A	Bour	
OBISPO, DELIA M	•		-		Street Addres	ss (P.O. B	ox Number is Not Acceptab	le)		
5394 W 16TH AVE							<del>***</del>			
HIALEAH FL 33012										
					City			FL	Zip Cod	е
3. The above named enti	y submits this statement	for the purpos	se of changing its	registere	d office or regis	stered age	ent, or both, in the State of F	Torida. I am fa	_L miliar with,	and accept
the obligations of regis	tered agent.									
NONATH DE						uirod whon ro		DATE		
SIGNATURE Signature, typed	or printed name of registered age	int and title if applica	able. (NOTE	E: Registered	Agent signature requ	ulled when le	instating)			
Signature, typed FILE NOW! After May 1, 20	! FEE IS \$150.00 03 Fee will be \$550.00	,	able. (NOTE	E: Registered	Agent signature requ	ulled when re	instating)  9. Election Campaign F  Trust Fund Contributi	inancing		May Be
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of the corporation or the receiver or trustee environment to execute this report changed, or on an attachment with an address with all other like empowered. red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

Daytime Phone #