

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90156 043 ***158.75

DOCUMENT # P00000073208

1. Entity Name

BELL CHECK CASHING SERVICES, INC.

Principal Place of Business

**2410 SHERIDAN STREET
 HOLLYWOOD FL 33020**

Mailing Address

**347 N.W. 153RD LANE
 PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

2410 SHERIDAN STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLLYWOOD FLORIDA

Zip

Country

Zip

Country

33020

U.S.A.

4. FEI Number

65-1028654

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERLOW, JEFFREY M

C/O FROMBERG, PERLOW & KORNIK, P.A.

20801 BISCAYNE BLVD. SUITE 505

AVENTURA FL 33180

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **MARSH, NORMAN D.F.**
 STREET ADDRESS **347 N.W. 153RD LANE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **PD** ☒ Change ☐ Addition
 NAME **MARSH, NORMAN D.F.** (ADDRESS ONLY)
 STREET ADDRESS **14141 SW 21ST**
 CITY-ST-ZIP **DAVIE FL 33325-5408**

TITLE **SD** ☐ Delete
 NAME **MARSH, CARLENE M**
 STREET ADDRESS **347 N.W. 153RD LANE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **SD** ☒ Change ☐ Addition
 NAME **MARSH, CARLENE M.** (ADDRESS ONLY)
 STREET ADDRESS **14141 SW 21ST**
 CITY-ST-ZIP **DAVIE FL 33325-5408**

TITLE ☐ Delete
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 CITY-ST-ZIP

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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:

(N.D.F. MARSH (PRES.))

04-18-2002

(954) 922-1902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)