

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90988 039 ***150.00

DOCUMENT # P00000073732

1. Entity Name

MONEY PLAYERS, INC.

Principal Place of Business

Mailing Address

728 2nd St
MIAMI BEACH, FL.

C0058761

2. Principal Place of Business

3. Mailing Address

161 S.W. 6TH TERRACE

161 S.W. 6TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON, FL

4. FEI Number

65-1029563

Applied For

Not Applicable

Zip

33486

Country

USA

Zip

33486

Country

USA

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

DAVID MERLES

161 S.W. 6TH TERRACE

BOCA RATON, FL 33486

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

DAVID MERLES, PRES.

4/15/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Delete
NAME	DAVID MERLES	
STREET ADDRESS	161 S.W. 6TH TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	ROBERT WILSON / V.P. / DIRECTOR	<input type="checkbox"/> Delete
NAME	4007 BROWNSTONE	
STREET ADDRESS	HOUSTON, TX 77053	
CITY-ST-ZIP		
TITLE	TODDRICK MCINTOSH / V.P. / DIRECTOR	<input type="checkbox"/> Delete
NAME	3770 SW 48th AV	
STREET ADDRESS	HOLLYWOOD, FL 33023	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID MERLES	
STREET ADDRESS	161 SW. 6TH TERRACE	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

DAVID MERLES, PRES.

Date

Daytime Phone #

4/15/01 (361) 395-2533

CR3E034 (11/00)