

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2001 8:00 am
Secretary of State

06-05-2001 90028 019 ***550.00

DOCUMENT # P00000097932

1. Entity Name:

CASH CORPORATION

Principal Place of Business

**6550 INTERNATIONAL DR., SUITE 111
 ORLANDO FL 32819**

Mailing Address

**6550 INTERNATIONAL DR., SUITE 111
 ORLANDO FL 32819**

00057582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6550 International Dr

3. Mailing Address

6550 International Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 112

Suite 112

City & State

Orlando FL

City & State

Orlando FL

Zip

32819

Country

Zip

32819

Country

4. FEI Number

59-3677442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PORTO, ANA DANIELA
 6550 INTERNATIONAL DR., SUITE 111
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name

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

6550 International Dr Suite 112

City

Orlando

FL

Zip Code

32819

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.

(NOT)

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!

**After MAY 1, 2001
 Make Check Payable to Department of State**

FEE IS \$150.00

**Fee will be \$550.00
 to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete

NAME **PORTO, ANA DANIELA**
 STREET ADDRESS **6550 INTERNATIONAL DR., SUITE 111**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☐ Delete

NAME **PORTO, DECIO**
 STREET ADDRESS **6550 INTERNATIONAL DR., SUITE 111**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PD** ☐ Delete

NAME **PORTO, MAURICIO A**
 STREET ADDRESS **6550 INTERNATIONAL DR., SUITE 111**
 CITY-ST-ZIP **ORLANDO FL 32819**

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 ☒ Change ☐ Addition

NAME **6550 International Dr Suite 112**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **6550 International Dr Suite 112**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

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NAME
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 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 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: **a**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - R DIRECTOR

5/31/01

Date

407-352-3577

Daytime Phone #

0071901

CR2E034 (10/00)