

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098587

1. Entity Name

COIN & CURRENCY CLEARING CORPORATION

Principal Place of Business

Mailing Address

2601 S BAYSHORE DR. STE 865
COCONUT GROVE FL 33133

2601 S BAYSHORE DR. STE 865
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

2730 S.W. 3rd Ave
Suite, Apt. #, etc.
#305

P.O. Box 453312
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33129

USA

33245

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

Not Applicable

65-1052019

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Name

ARMAND DeAngelis

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

2601 S. Bayshore drive # 865

City

COCONUT GROVE

FL

Zip Code

33133

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)

01-09-01

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OSPINA, MARCELO 2601 S BAYSHORE DR, STE 865 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	OSPINA, MARCELA P.O. BOX 453312 MIAMI, FL. 33245-3312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90062 040 ***158.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)