FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90081 020 ***150.00

DOCUMENT # P00000099461

1. Entity Name
Florida Houses 4 Cash, Inc ✓

DO NOT WRITE IN THIS SPACE

B0093281

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2. Principal Place of Business	3. Mailing Address
3300 University Dr	P O Box 8303
Suite, Apt. #, etc.: 210	Suite, Apt. #, etc.:
City & State: Coral Springs, Fl	City & State: Coral Springs, Fl
Zip: 33065 Country: USA	Zip: 33075 Country: USA

4. FEI Number: 65-105 3378 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Sickles, Barry M Esq
Street Address (P.O. Box Number is Not Acceptable): 3300 University Dr
Suite 210
City: Coral Springs FL Zip Code: 33065

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: X _____ President 4/30/02
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered agent signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Kessler, Marvin
STREET ADDRESS	PO Box 8303
CITY-ST-ZIP	Coral Springs, Fl 33075
TITLE	Secretary
NAME	Kessler, Marvin.
STREET ADDRESS	PO Box 8303
CITY-ST-ZIP	Coral Springs, Fl 33075
TITLE	Chief Financial Officer
NAME	P.O. Box 8303 ~~Kessler~~ Kessler, Andrea
STREET ADDRESS	
CITY-ST-ZIP	Coral Springs, Fl 33075
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ President 4/30/02 954 227-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #