

2001 UNIFORM BUSINESS REPORT (UBR)

4/4/

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-04-2001 90064 039 ***150.00

DOCUMENT # P00000111275

1. Entity Name

EXPRESSWAY CASHING, INC.

Principal Place of Business

Mailing Address

16700 N.W. 27TH AVE.
MIAMI FL 33156

16700 N.W. 27TH AVE.
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1002528

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

CARRABAL, ERNESTO

17351 N.W. 61 CT.
MIAMI FL 33015

Name

ERNESTO G CARRALBAL

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

2225 ARCH CREEK DR

City

NORTH MIAMI

FL

Zip Code

33181

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

ERNESTO G CARRALBAL 4/11/01

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
ERNESTO G CARRALBAL
2225 ARCH CREEK DR N. MIAMI

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FL 33181

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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, title or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01 305-621-9043

CR2E034 (10/00)