

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014881

1. Entity Name  
EASY MONEY ADVANCE, INC.

Principal Place of Business  
7220 NW 36 ST  
MIAMI FL 33166

Mailing Address  
7220 NW 36 ST  
MIAMI FL 33166

2. Principal Place of Business  
7220 NW 36 Street

Suite, Apt. #, etc.

Suite 605

City & State

MIAMI, FL

3. Mailing Address

7220 NW 36 Street

Suite, Apt. #, etc.

Suite 605

City & State

MIAMI, FL

Zip  
33166

Country  
USA

Zip  
33166

Country  
USA

4. FEI Number

65-1075367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELVINE & SEGAL, P.A.  
STE A-106, 4300 N UNIVERSITY DR  
FT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name  
MARIA C. VALDEZRAMA

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

7220 NW 36 Street

Suite 605

City

MIAMI

FL

Zip Code

33166

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]*  
Signature, typed or printed name of registered agent and title if applicable.

REGISTERED AGENT

(NOTE: Registered Agent signature required when reinstating)

01/11/02

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, 2002 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  
MARIA CAROLINA VALDEZRAMA  
7220 NW 36 Street # 605  
MIAMI, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
MARCO A. GARCIA  
7220 NW 36 Street # 605  
MIAMI, FL 33166 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Delete

TITLE  
NAME  
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, with all other like empowered.

SIGNATURE

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/02

DATE

305-5134050

DAYTIME PHONE #

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

02-01-2002 90028 036 \*\*\*150.00

18232



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)