

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90014 043 \*\*\*150.00

**DOCUMENT # P01000093165**

1. Entity Name  
**CASH MONEY INTERNET HOLDINGS, INC.** ✓

Principal Place of Business  
**21215 NORTHEAST 38TH AVENUE**  
**AVENTURA FL 33180**

Mailing Address  
**21215 NORTHEAST 38TH AVENUE**  
**AVENTURA FL 33180**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4700 Sheridan St**  
 Suite, Apt. #, etc.  
**Bld N**  
 City & State  
**Hollywood, FL**  
 Zip  
**33021** Country  
**Broward**

3. Mailing Address  
**4700 Sheridan St**  
 Suite, Apt. #, etc.  
**Bld N**  
 City & State  
**Hollywood, FL**  
 Zip  
**33021** Country  
**Broward**

4. FEI Number ☒ Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (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, 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 <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURSTYN, BRADLEY</b>		NAME <b>Bradley Burstyn</b>	
STREET ADDRESS <b>21215 NORTHEAST 38TH AVENUE</b>		STREET ADDRESS <b>4700 Sheridan St Bld N</b>	
CITY-ST-ZIP <b>AVENTURA FL 33180</b>		CITY-ST-ZIP <b>Hollywood, FL 33021</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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]* **2/30/02** Date Daytime Phone #

CR2E034 (9/01)