

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000111925

1. Entity Name

MONEY MASTER FINANCIAL COMP

FILED

02 MAY 29 PM 12:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

90 WELLINGTON HILL STREET SAME BOSTON, MA 02126

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite Apt. Rm. etc.

Suite Apt. # etc.

City & State

City & State

4. FCI Number

01-056-4323

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

Filings, INC, A Florida Corporation 3732 N.W. 16th Street FORT LAUDERDALE, FL 33311

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

Signature of entity or authorized agent or officer and title (print name)

(NOTE: Designated Agent's signature required when registering)

Date

9. This corporation is eligible to satisfy its obligations by filing this statement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00 AFTER MAY 1, 2000 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

JOHN GAINES 90 Wellington Hill Street BOSTON, MA 02126

JOHN GAINES 90 Wellington Hill Street BOSTON, MA 02126

MIGUEL GAINES 90 Wellington Hill Street BOSTON, MA 02126

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\*\*\*\*150.00 \*\*\*\*150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that this 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 this 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 change of office or an appointment with an address, with all other like empowers.

SIGNATURE: John Gaines / Director by Allan Hagedaell attorney in fact 5/28/02 (954) 524-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E004 (9/99)