FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90141 003 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000111925

1. Entity Name

MONEYMASTER FINANCIAL CORP ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
90 Wellington Hill STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State: BOSTON MA		City & State	
Zip: 02126	Country: USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 010564323 ☐ 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: ALLAN MIGDALL, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 270 SW 31 STREET

City: FORT Lauderdale FL Zip Code: 33315

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: Allan Migdall 5-1-03

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) ☒

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	VP/D	TITLE	
NAME	JOHN GAINES	NAME	
STREET ADDRESS	90 WELLINGTON Hill Street	STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02126	CITY-ST-ZIP	
TITLE	P/S	TITLE	
NAME	MIQUEL GAINES	NAME	
STREET ADDRESS	90 Wellington Hill Street	STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02126	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 [illegible] or 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address.

SIGNATURE: [signature] Pres. 5/12/03 (617) 298-7607

Miquel Gaines