## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # P23907**

DOCUMENT # P23907  1. Entity Name METRO CHECKCASHERS, LTD., INC.						Apr 23, 2001 8:00 am Secretary of State 04-23-2001 90208 013 ***150.00		
142 3 FEDER/ T-LAUDERDAL 16 Y7 Y7 /A 50/76 /6 2. Principal F	EFL 333TE  DUCYWOOD BUY 3302/ Place of Business	Mailing Address  1142 S FEDERAL HWY  FT LAUDERDALE FL 33316 US Y747 Hocc  /**CCYCLOON,  3. Mailing Address	•		<i>'</i>			
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	===	
City & Stat	le	City & State			4. 1	FEI Number 59-2455908 Applied F Not Appli		
Zip Country		Zip		Country		Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent	]		. 7N	Name and Address of New Registered Agent	~	
OKO, RALPH  1142 S FEDERAL HWY  ET LAUDERDALE FL 33316  Hollywood, FL 3302								
				City		FL Zip Code		
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  FILE NOW! After MAY 1, 20				Registered Agent signature required ! FEE IS \$150.00 1 Fee will be \$550.00 e to Department of Stat		notating)  DATE  10. Election Campaign Financing \$5.00 May  Trust Fund Contribution.   Added to Fee		
11.	OFFICERS AND		12.	1	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST Delete GOLDMAN, MARTIN J. 1999 JOHNS DR GLENVIEW IL 60025			T ADDRESS ST-ZIP	·	☐ Change ☐ Ad	idition   2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete OKO, RALPH, N 1142-S FEDERAL HWY FT LAUDERDALE FL			t address St-zip		4747 Hollywood Blvd. Hollywood, FL 33021	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon	₹ - ozr - ţ □ . Deleteţ*		·		Change - □ Ac	ldition .	
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TITLE NAME S::REET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Ac	ddition	
TITLE		☐ Delete	TITLE			☐ Change ☐ Ad	ldition	

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 articless with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

RMM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**