

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90422 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P36762

1. Entity Name
MULTI-NATIONAL MONEY MANAGEMENT CO., INC.



Principal Place of Business
**330 COCOANUT ROW
SUITE 3D
PALM BEACH FL 33480
US**

Mailing Address
**330 COCOANUT ROW
SUITE 3D
PALM BEACH FL 33480
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-0995005**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RUDOLPH, BARBARA
330 COCOANUT ROW
SUITE 3D
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **RUDOLPH, BARBARA**
STREET ADDRESS **330 COCOANUT ROW, SUITE 3D**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **DV** ☐ Delete
NAME **REESE, DAVID B.**
STREET ADDRESS **9467 TURNBERRY DRIVE**
CITY-ST-ZIP **POTOMAC MD 20854**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/03
Date

561-802-3648
Daytime Phone #

CR2E034 (10/02)



Attachment

80043224

FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 10, 2003

MULTI-NATIONAL MONEY MANAGEMENT CO., INC.
330 COCOANUT ROW
SUITE 3D
PALM BEACH, FL 33480 US

Subject: MULTI-NATIONAL MONEY MANAGEMENT CO., INC.

Reference Number: P36762

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/md
ANNUAL REPORTS SECTION

~~Handwritten signature~~
~~Handwritten initials~~