

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90019 031 ***150.00

DOCUMENT # P93000018564

1. Entity Name

MIAMI E.S. CASH, INC.

Principal Place of Business

Mailing Address

**2430 N.W. 36TH ST.
MIAMI FL 33142**

**2430 N.W. 36TH ST.
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0393274**

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

**ESCOBAR, SOTERO
16276 SW 10TH ST
PEMBROKE PINES FL 33027**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

02-23-01

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, 2001 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 **VD**
NAME **ESCOBAR, SOTERO JR**
STREET ADDRESS **6331 N.W. 197TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33015** ☐ Delete

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

TITLE **PD**
NAME **ESCOBAR, JOHNY**
STREET ADDRESS **16276 SW 10TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33027** ☒ Delete

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

TITLE **D**
NAME **ESCOBAR, JESUS**
STREET ADDRESS **6331 N.W. 197TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33015** ☒ Delete

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

TITLE **TD**
NAME **RODRIGUEZ, LIA**
STREET ADDRESS **17450 SW 22ND ST**
CITY-ST-ZIP **MIRAMAR FL 33029** ☒ Delete

TITLE **S**
NAME **Lia Escobar**
STREET ADDRESS **17450 SW-22 St**
CITY-ST-ZIP **Miramar, FL 33029** ☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **P**
NAME **John Rodriguez**
STREET ADDRESS **17450 SW-22 St**
CITY-ST-ZIP **Miramar, FL 33029** ☐ Change ☒ Addition

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **C**
NAME **Jose Rodriguez**
STREET ADDRESS **17450 SW-22 St**
CITY-ST-ZIP **Miramar, FL 33029** ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-23-01

CR2E034 (10/00)