

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

DOCUMENT # **P94000039854**



1. Entity Name  
**SOUTH FLORIDA CHECK CASHER'S INC.**

Principal Place of Business  
**5226 NW 17TH AVENUE  
MIAMI FL 33142**

Mailing Address  
**5226 NW 17TH AVENUE  
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 **65-0497790**  Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**OSMAN, ELLEN  
7405 S.W 134TH ST.  
MIAMI FL 33156**

**7. Name and Address of New Registered Agent**

|  |    |          |
|--|----|----------|
| Name   | FL | Zip Code |
| Street Address (P.O. Box Number is Not Acceptable) |    |          |
| City   |    |          |

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  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  Delete  
NAME **OSMAN, ELLEN**  
STREET ADDRESS **7405 SW 134TH ST.**  
CITY-ST-ZIP **MAIMI FL**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **President/Vice President**  Change  Addition  
NAME **OSMAN, Ellen**  
STREET ADDRESS **7404 SW 134th St**  
CITY-ST-ZIP **Miami Fla 33156**

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE **Sec/Tres**  Change  Addition  
NAME **OSMAN, Jack**  
STREET ADDRESS **3598 NW 27th Ave**  
CITY-ST-ZIP **Miami Fla 33142**

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Change  Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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STREET ADDRESS   
CITY-ST-ZIP

TITLE  Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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:**

**ELLEN OSMAN REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/03*

*305-238-2335*

Date

Daytime Phone #

CR2E034 (10/02)