

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089759

1. Entity Name

MONEY EXCHANGE BUREAU, INC.

FILED

Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90148 020 ***150.00

Principal Place of Business

Mailing Address

7670B INTERNATIONAL DR.
ORLANDO FL 32819
US

6053 WINDHOVER DR
ORLANDO FL 32819-7529
US

2. Principal Place of Business

6053 WINDHOVER DRIVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

Zip

Zip

Country

ORLANDO

Country

4. FEI Number

59-3283357

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

PATEL, ASHWANI J
6053 WINDHOVER DR
ORLANDO FL 32819

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  ASHWANI J. PATEL

04/07/2000
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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
Tax filing requirement and elects to do so. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVSD
PATEL, ASHWANI J
6053 WINDHOVER DRIVE
ORLANDO FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
NIGEL GLADSTEIN
8342 TIBET BUTLER DRIVE
WINDERMERE FL. 34786 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT/SECRETARY
MARTIN BARRY
8342 TIBET BUTLER DRIVE
WINDERMERE FL. 34786 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 reports 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

04/07/00
Date

407 468 1176
Daytime Phone #

CR2E034 (9/99)