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

## DOCUMENT # D06000012420



FILED
Mar 17, 2003 8:00 am & Secretary of State

1. Entity Name MONTERO'S CHECK CASHING, INC.								03-17-2003 90704 041 ***150.00				
Principal Place of Business 8220 WEST 30TH COURT HIALEAH FL 33016			8220	Mailing Address 8220 WEST 30TH COURT HIALEAH FL 33016				1 138 (1851   18 18113 PH) (1861) 2011 AB)	ı <b>88</b> 1 <b>8</b> 1 11 <b>811</b>	ı (fêği Bidi)	<b>)</b> 16 <b>0</b> 17 <b>30</b> (1) 1 <b>00</b> (1)	
-2~Principal·l	Place of Busin	1065	3Mai	ling Address		0.44						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	CHECK HERE IS MAKING CHANGED				
City & State			City & State			4. FEI Number 65-0642166 Applied For					]	
Zip Country		Zip	Zip Coun		itry	5. Certificate of Status Desired 58.75 A		3.75 Ac		1		
	6. Name	and Address of Current	Registere	d Agent		T		ame and Address of New Regist	- Fe	e Requir	ed	4
			- ingiotoro	a Agent		Name	7. 1	ane and Address of New Regist	erea Age	ent.	<del></del>	┨
MONTER	O, IRIS C											
8220 WES	ST 30TH CO	OURT				Street Address (	(P.O. Bo	ox Number is Not Acceptable)				
HIALEAH	FL 33016	, i										1
						City			1	Zip Coo		┨
			<u>.</u>						FL	•		]
the obligation	e named entity tions of regist	y submits this statement for ered agent.	or the purpo	ose of changing its re	egistere	ed office or register	red age	ent, or both, in the State of Florida.	I am fam	iliar with	, and accept	
SIGNATURE												l
·	Signature, typed	or printed name of registered agent	and title if appl	icable. (NOTE:	Registered	d Agent signature required	d when rein	nstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department o	State			9Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
10.		OFFICERS AND		RS .	11.		ADE	DITIONS/CHANGES TO OFFICERS	S AND DI	RECTOR	S IN 11	1
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0111-31-ZIP	LUMBERDE	T 30TH COURT				ET ADDRESS						1 (.)
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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:

Date

Daytime Phone #