

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90524 034 ***150.00

DOCUMENT # P96000012464

1. Entity Name
MONEY MANAGEMENT FOR SENIORS, INC.



Principal Place of Business
**636 US HWY 1
#106
NORTH PALM BEACH FL 33408**

Mailing Address
**636 US HWY 1
#106
NORTH PALM BEACH FL 33408**

2. Principal Place of Business
**1200 U.S. HIGHWAY #1
Suite, Apt. #, etc.
SUITE F**

3. Mailing Address
**1200 U.S. HIGHWAY #1
Suite, Apt. #, etc.
SUITE F**

City & State
NORTH PALM BEACH

City & State
NORTH PALM BEACH

Zip Country
33408 U.S.A.

Zip Country
33408 U.S.A.

4. FEI Number **65-0648909**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KAHN, ROLF
636 US HWY 1
#106
NORTH PALM BEACH FL 33408**

7. Name and Address of New Registered Agent

Name **ROLF KAHN**
Street Address (P.O. Box Number is Not Acceptable) **1200 U.S. HIGHWAY #1**
SUITE F
City **NORTH PALM BEACH FL** Zip Code **33408**

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 **1/22/03**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D KAHN, ROLF	636 US HWY 1, SUITE 106	NORTH PALM BEACH FL 33408	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	1 KAHN, ROLF	1200 U.S. HIGHWAY #1 SUITE F	NORTH PALM BEACH FL 33408	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/22/03**

Daytime Phone # **561 845 7020**

CR2E034 (10/02)