

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/2

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90069 012 \*\*\*150.00

**DOCUMENT # P96000054415**

1. Entity Name

**JM CASH & PAWN CORP.**

Principal Place of Business

Mailing Address

**J.M. CASH & PAWN  
 10090 NW 27TH AVENUE  
 MIAMI FL 33147  
 US**

**10090 NORTHWEST 27 AVENUE  
 MIAMI FL 33147-1757**

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

**65-0674874**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALDEN, JUNE  
 100 PALMETTO DRIVE  
 MIAMI SPRINGS FL 33166**

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

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, 2000 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PTD	MALDEN, JUNE	<input type="checkbox"/>			
NAME	MALDEN, JUNE		TITLE		
STREET ADDRESS	10090 NORTHWEST 27 AVENUE		NAME		
CITY-ST-ZIP	MIAMI FL 33147		STREET ADDRESS		
VS	MEACHAM, JEANNE	<input type="checkbox"/>	CITY-ST-ZIP		
NAME	MEACHAM, JEANNE		TITLE		
STREET ADDRESS	10090 NORTHWEST 27 AVENUE		NAME		
CITY-ST-ZIP	MIAMI FL 33147		STREET ADDRESS		
			CITY-ST-ZIP		
			TITLE		
			NAME		
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			STREET ADDRESS		
			CITY-ST-ZIP		
			TITLE		
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Jeanne Meacham*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-20-2000 305690-9400**

Date

Daytime Phone #

CR2E034 (9/99)