

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90092 006 ***150.00

DOCUMENT # **P910000065523** ✓

1. Entity Name

CHECK CASHING MANAGEMENT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3018 NW 2 Ave

3. Mailing Address

Suite, Apt. #, etc.

Miami, FL 33127

City & State

DO NOT WRITE IN THIS SPACE

Zip **33127**

Country

Zip

Country

4. FEI Number

65-0684100

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Juko Piloto

Street Address (P.O. Box Number is Not Acceptable)

8390 SW 5 St

Miami FL

33127

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **President**
NAME **Juko Piloto**
STREET ADDRESS
CITY-ST-ZIP **3018 NW 2 Ave Miami, FL 33127**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (305) 573-5353

Date

Business Purpose #