## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000069799 Apr 22, 2000 8:00 am Secretary of State MONEYONE CORPORATION 04-22-2000 90066 032 \*\*\*158.75 Principal Place of Business Mailing Address 3939 N. FEDERAL HWY. 3939 N. FEDERAL HWY. POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-6042 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0693582 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MARTINEZ, FRANK R Street Address (P.O. Box Number is Not Acceptable) 3939 N. FEDERAL HWY. POMPANO BEACH FL 33064 Zip Code atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above names enti-SIGNATURE DATE ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change □ Addition CEO Delete TITLE MARTINEZ, SAVERINA C NAME STREET ADDRESS STREET ADDRESS 1620 S. OCEAN BLVD., #7E CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Addition TITLE Change TITLE ☐ Delete MARTINEZ, FRANK R NAME NAME STREET ADDRESS STREET ADDRESS 1620 S. OCEAN BLVD., #7E CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to axecute this report are 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 add

Daytime Phone #