

2001 UNIFORM BUSINESS REPORT (UBR)

0128752

DOCUMENT # P96000069799

1. Entity Name
MONEYONE CORPORATION

FILED

01 JAN 18 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3939 N. FEDERAL HWY.
POMPANO BEACH FL 33064

3939 N. FEDERAL HWY.
POMPANO BEACH FL 33064

2. Principal Place of Business

150 E. SAMPLE RD.

3. Mailing Address

150 E. SAMPLE RD.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

POMPANO BEACH

City & State

POMPANO BEACH

4. FEI Number

65-0693582

Applied For

Not Applicable

Zip

FL

Country

33064

Zip

FL

Country

33064

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, FRANK R
3939 N. FEDERAL HWY.
POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name **FRANK R. MARTINEZ**
Street Address (P.O. Box Number is Not Acceptable)
150 E. SAMPLE RD., SUITE 200
City **POMPANO BEACH** FL Zip Code **33064**

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 *Frank R. Martinez, PD*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/08/01

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, 2001 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 STREET ADDRESS CITY-ST-ZIP	CEO MARTINEZ, SAVERINA C 1620 S. OCEAN BLVD., #7E POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LS <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, FRANK R 1620 S. OCEAN BLVD., #7E POMPANO BEACH FL 33062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003576583--0 -01/26/01--01058--003 ****158.75 ****158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank R. Martinez*, **FRANK R. MARTINEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01

DATE

(954) 942-9011

DAYTIME PHONE #

CR2E034 (10/00)