

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000069799

1. Entity Name

MONEYONE CORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 AM 9:44

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

Zip

FL

Country

33064

Zip

FL

Country

33064

4. FEI Number

65-0693582

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 / *Frank R. Martinez* 06/26/01 / 01/08/01

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
MARTINEZ, SAVERINA C
1620 S. OCEAN BLVD., #7E
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MARTINEZ, FRANK R
1620 S. OCEAN BLVD., #7E
POMPANO BEACH FL 33062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
KARIM M. COSTA
3123 OAKLAND SHORES DR. #D-210
OAKLAND PARK, FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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300004481443-
-07/17/01--01093--009
*****70.00 *****70.00 ☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition
SP

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 667, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)