

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098472

1. Entity Name

CASH APPEAL ENTERTAINMENT, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90031 016 ***150.00

Principal Place of Business

STE. 4, 1355 MERIDIAN AVE.
MIAMI FL 33139

Mailing Address

STE. 4, 1355 MERIDIAN AVE.
MIAMI FL 33139

2. Principal Place of Business

1046 Michigan Ave

Suite, Apt. #, etc.

Suite 12

3. Mailing Address

1046 Michigan Ave

Suite, Apt. #, etc.

Suite 12

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

US

Zip

33139

Country

US

4. FEI Number

65-0713204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCAHON, R W
STE 4 1355 MERIDIAN AVE
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent

Name

RW McMahon

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

1046 Michigan Ave

Suite 12

City

Miami Beach

FL

Zip Code

33139

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, 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

TITLE D ☐ Delete
NAME MCAHON, R.W.
STREET ADDRESS STE. 4, 1355 MERIDIAN AVE.
CITY-ST-ZIP MIAMI FL 33139

TITLE D ☐ Delete
NAME LACA, MANUEL JR.
STREET ADDRESS 12245 SW 71ST CT.
CITY-ST-ZIP MIAMI FL 33156

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)