

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
 02-08-2001 90370 003 ***150.00

DOCUMENT # **P97000040202**

1. Entity Name

Money Management Corp.

Principal Place of Business

Mailing Address

**701 SW 141 Avenue
 Apt. 210**

same

Pembroke Pines, FL 33027

2. Principal Place of Business

3. Mailing Address

701 SW 141 Avenue

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. # 210

City & State

City & State

Pembroke Pines, FL

4. FEI Number

65-0751255

Applied For

Not Applicable

Zip

Country

Zip

Country

33027

USA

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

**Josefina Calderon
 701 SW 141 Avenue
 Apt. 210
 Pembroke Pines, FL 33027**

Name

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

City

FL

Zip Code

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

Josefina Calderon **Josefina Calderon Pres.**

2/2/01

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 | President | <input type="checkbox"/> Delete |
| NAME | Josefina Calderon | |
| STREET ADDRESS | 701 SW 141 Avenue Apt. 210 | |
| CITY-ST-ZIP | Pembroke Pines, FL 33027 | |
| TITLE | Vice President | <input type="checkbox"/> Delete |
| NAME | Mildred A. MestriL | |
| STREET ADDRESS | 14041 Sheridan Street | |
| CITY-ST-ZIP | Southwest Ranches, FL 33330 | |
| TITLE | Treasurer | <input type="checkbox"/> Delete |
| NAME | Natalie J. Perez | |
| STREET ADDRESS | 2641 Polk Street Apt #10 | |
| CITY-ST-ZIP | Hollywood, FL 33020 | |
| TITLE | Secretary | <input type="checkbox"/> Delete |
| NAME | Tvelysse S. Pollard | |
| STREET ADDRESS | 6108 Cal Street | |
| CITY-ST-ZIP | Hollywood, FL 33024 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 701 SW 141 Avenue Apt. 210 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Josefina Calderon **Josefina Calderon Pres.** **2/2/01** **954-442-6834**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)