

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90206 030 \*\*\*150.00

**DOCUMENT # P97000040202**

**1. Entity Name**  
**MONEY MANAGEMENT CORP.**

**Principal Place of Business**

**701 SW 141 AVENUE  
APT 210  
PEMBROKE PINES FL 33027**

**Mailing Address**

**701 SW 141 AVENUE  
APT 210  
PEMBROKE PINES FL 33027**

**2. Principal Place of Business**

**14641 Sheridan Street  
Suite, Apt. #, etc.**

**3. Mailing Address**

**P.O. Box 827062  
Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

**City & State** **Southwest Ranches, FL** **City & State** **Pembroke Pines, FL** **4. FEI Number** **65-0751255** **Applied For**  
**Not Applicable**

**Zip** **33330** **Country** **USA** **Zip** **33082-7062** **Country** **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**  
**CALDERON, JOSEFINA** **Name**  
**701 SW 141 AVENUE** **Street Address (P.O. Box Number is Not Acceptable)**  
**APT 210**  
**PEMBROKE PINES FL 33027** **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** \_\_\_\_\_ **(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.** ☐ **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**(See criteria on back)** **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>P</b> <b>CALDERON, JOSEFINA</b> <b>701 SW 141 AVE APT 210</b> <b>PEMBROKE PINES FL 33027</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>14641 Sheridan Street</b> <b>SOUTHWEST RANCHES, FL 33330</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>VP</b> <b>MESTRIL, MILDRED A</b> <b>14641 SHERIDAN STREET</b> <b>SOUTHWEST RANCHES FL 33330</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>PEREZ, NATALIE</b> <b>2641 POLK STREET APT #10</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>S</b> <b>POLLARD, IVELYSSE S</b> <b>6108 CALL STREET</b> <b>HOLLYWOOD FL 33024</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>PEREZ, NATALIE</b> <b>2641 POLK STREET APT #10</b> <b>HOLLYWOOD FL 33020</b> <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<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:** *Josefin Calderon* **1-24-02** **Daytime Phone #** \_\_\_\_\_

0189820 AV

CR2E034 (9/01)