

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90320 005 ***150.00

DOCUMENT # P97000040202

1. Entity Name
MONEY MANAGEMENT CORP.



Principal Place of Business
14641 SHERIDAN STREET
~~APT 210 delete~~
SOUTHWEST RANCHES FL 33330

Mailing Address
PO BOX 827062
PEMBROKE PINES FL 33082-7062



2. Principal Place of Business
14641 Sheridan Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Southwest Ranches, FL
Zip
33330

City & State
Country

4. FEI Number 65-0751255

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDERON, JOSEFINA
701 SW 141 AVENUE
APT 210
PEMBROKE PINES FL 33027

7. Name and Address of New Registered Agent

Name Josefin Calderon
Street Address (P.O. Box Number is Not Acceptable)
14641 Sheridan Street
City Southwest Ranches FL Zip Code 33330

d. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Josefin Calderon*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CALDERON, JOSEFINA	
STREET ADDRESS	14641 SHERIDAN STREET	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33330	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MESTRIL, MILDRED A	
STREET ADDRESS	14641 SHERIDAN STREET	
CITY-ST-ZIP	SOUTHWEST RANCHES FL 33330	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEREZ, NATALIE	
STREET ADDRESS	2641 POLK STREET APT. #10	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> Delete
NAME	POLLARD, IVELYSSE S	
STREET ADDRESS	6108 CALL 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Josefin Calderon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)