

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038377

1. Entity Name

GOLD COAST CHECK CASHING, INC.

Principal Place of Business

4320 WASHINGTON STREET #418
HOLLYWOOD FL 33021

Mailing Address

4320 WASHINGTON STREET #418
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0831912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name JASON CROSSEN
Street Address (P.O. Box Number is Not Acceptable) 4320 WASHINGTON ST #418
City HOLLYWOOD FL Zip Code 33021

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] JASON CROSSEN 04/27/2001
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 | D CROSSEN, JASON 4320 WASHINGTON STREET #418 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: [Signature] JASON CROSSEN 04/27/2001 954 325 7355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91348 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)