

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90002 013 ***150.00

DOCUMENT # P98000057677

1. Corporation Name

NOTRE DAME CHECK CASHING CORP.

Principal Place of Business

1799 NORTH STATE ROAD 7
BAY 10
MARGATE FL 33063

Mailing Address

1799 NORTH STATE ROAD 7
BAY 10
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

65-0846890

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1504 S. State Rd 7

Suite, Apt. #, etc.

22

City & State

23 Hollywood FL

Zip

24 33023

Country

25 BR

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

SAM DERAIVNE

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

1504 S. State Road 7

83

84 City

Hollywood

FL

85 Zip Code

33023

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

S. Deravine

02-23-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME LUBIN, MARYSE
STREET ADDRESS 1799 NORTH STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY, DIRECTOR
12 NAME 1504 S. STATE RD. 7
1.3 STREET ADDRESS Hollywood, FL. 33134
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
22 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
32 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
52 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
62 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

FEB. 23, 1999 954-965-0838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0157611

CR2E034 (1/198)

2 4

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ALL FLORIDA BOOKKEEPING SERVICES, INC.

1601 N. PALM AVENUE SUITE 208
PEMBROKE PINES, FL. 33026-3200
TEL (954) 430-7675 / (954) 436-4088 (SPANISH) / FAX (954) 430-7674

1920 N. E. 8th ROAD
OCALA, FL. 34470
Ph. (352) 622-5664

July 16, 1999

Florida Department of State
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL. 32302-1500

Dear Sirs :

We are an Accounting Firm located in Pembroke Pines, Florida, subsidiary of Richard Spahn & Associates, established in South Florida for over 25 years.

In this particular instance we are writing to you to request your understanding and ample favorable consideration to a regrettable situation that has arisen with 3 of our clients, out of our total client base of about 200 Corporations, caused by the negligent work of one of our temporal staff worker, which did not revise and addressed the envelope that contained 3 Annual Reports in the correct manner.

To make things little worse our mail piece got misplaced with the Postal Service and was returned to us damaged just last Friday in an official envelope used for this purpose.

In view of this event well beyond our control, we respectfully request your distinguished office the corresponding leniency and ask you to grant an exception in these three cases, which were mailed together in same envelope It is obvious that it was not the fault of these clients who acted in good faith in delivering the documents and payment on timely basis.

We regret that this mishandling on the part of our staff member has caused this inconvenience and we are concerned about eventual implications if late filling fees are applied.

We trust on your service oriented attitude which has characterized our relationship with your fine Agency and we hope to receive a favorable reply.

In view of this uncomfortable situation we kindly appreciate your prompt reply at your earliest convenience and we avail of the occasion to reiterate our greetings of our consideration and esteem.

Sincerely yours,



Alvaro R. Barrios
General Manager