

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057677

1. Entity Name

NOTRE DAME CHECK CASHING CORP.

FILED

00 OCT 23 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1504 S. SR-7

SAME

HOLLYWOOD, FL 33023

2. Principal Place of Business

3. Mailing Address

1504 S. SR-7

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

HOLLYWOOD, FL

4. FEI Number

Applied For

05-0846890

Not Applicable

Zip

Country

Zip

Country

33023

BROWARD

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAIMPLICE DERAIVNE

1504 S. SR-7

HOLLYWOOD, FL 33023

Name

SAME

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

Signature, typed or printed name of registered agent and full name of 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, 2000 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
P.S.T.D.
SAIMPLICE DERAIVNE
1504 S. SR-7
HOLLYWOOD, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003441451--5
-10/27/00--01004--028
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

10/20/2000