

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064381

1. Entity Name

WE BUY HOUSES CASH, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90039 021 ***150.00

Principal Place of Business
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

Mailing Address
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

2. Principal Place of Business
6263 Park Blvd.

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

Zip Country
33781

3. Mailing Address
6263 Park Blvd.

Suite, Apt. #, etc.

City & State
Pinellas Park, FL

Zip Country
33781

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3523199

Applied For

Not Applicable

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

Name

Armando F. Mizio

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

25400 U.S. 19 North

Suite 210

City

Clearwater

FL

Zip Code
33763

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 title, if applicable

President

04/29/00

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Miller, George R. 14231 Chamberlain Avenue Largo, Florida 33774	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

George Miller

George Miller

04/29/00

Date

(727) 548-4663

Daytime Phone #

CR2E034 (9/99)