20GO 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

343 ALMERIA AVENUE

Principal Place of Business

Mailing Address

343 ALMERIA AVENUE

L 33134 COI	KAL GABLES	S, FL 33134		-	-	-
626 Suite FL City & Pi	City & State Pinellas Park, FL		DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For Not Applicable			
•	781	Country	5. Certificate of Status Desired	F	ee Require	ditional d
Address of Current Registered	d Agent		7. Name and Address of New	Registered A	gent	
•		City		FL	Zip Cod 3376	3
mits this statement for the purpo	se of changing its	registered office or regist		lorida.	1	
mes mille					/00	
o satisfy its Intangible lects to do so.	FILE NOW After MAY 1, 20	III FEE IS \$150.00 000 Fee will be \$550.00	10. Election Campaign F Trust Fund Contributi	inancing on.	Added	May Be
OFFICERS AND DIRECTOR	_	12.	ADDITIONS/CHANGES TO OF	FICERS AND		S IN 11
		NAME STREET ADDRESS CITY-ST-ZIP			Orlange	Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Change	☐ Addition
	_ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Change	
	□ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
	☐ Oelete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition
···	☐ Delete	TITLE NAME .		•	☐ Change	Addition
	The pointry and the purpose of the p	3. Mailing Address 6263 Park B1 Suite, Apt. #, etc.  City & State Pinellas Par Zip 33781  Address of Current Registered Agent  Pres ed name of registered agent and title applicable Destity its Intangible lects to do so.    File Now   After May 1, 2t   Make Check Payal   OFFICERS AND DIRECTORS   Delete   Delete   Delete   Delete   Delete	3. Mailing Address 6263 Park Blvd. Suite, Apt. #, etc.  City & State Pinellas Park, FL  Zip 33781  Address of Current Registered Agent  President City  City  Make Check Payable to Department of \$5  George R. Chamberlain Avenue Florida 33774  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	3. Mailing Address 6263 Park Blvd. Suite, Apt. #, etc.  City & State Pinellas Park, FL Zip 33781  Address of Current Registered Agent  Armando F. Mizic Street Address (P.O. Box Number is Not Acceptable 25400 U.S. 19 Not Suite 210  City Clearwater  mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Functional Conference Agent active registered agent, or both, in the State of Functional Conference Agent active registered agent, or both, in the State of Functional Conference Agent active registered agent, or both, in the State of Functional Conference Agent active required when reinstating)  President  President  President  Armando F. Mizic City Clearwater  President  President  FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State  OFFICERS AND DIRECTORS  George R.  Chamber I ain Avenue Florida 33774  Delete  INLE NAME STREET ADDRESS CITY-ST-2P  Delete INL	3. Mailing Address 6263 Park Blvd.  Suite, Apt. 4; etc.  City & State Pinellas Park, FL Zip 33781  Address of Current Registered Agent  Ammando F. Mizio Street Address (P.O. Box Number is Not Acceptable) 25400 U.S. 19 North Suite 210  City Clearwater FL mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  President  President  Osatisfy its Intangible ects to do so.  Make Check Payable to Department of State File NOWIII FEE IS \$150.00  After MAY 1: 2000 Fee will be \$550.00  OFFICERS AND DIRECTORS  George R.  Chamber I ain Avenue Florida 33774  Delete  ITILE NAME STREET ADDRESS CITY-51-2IP  Delete ITILE NAME STREET ADDRESS CITY-51-2I	3. Mailing Address 6263 Park Blvd. Suite, Apt. #, etc.  City & State Pinellas Park, FL 2p 2p 33781  Address of Current Registared Agent  Name Address of Current Registared Agent  Name Address of Current Registared Agent  Name Address (PO Box Number is Not Acceptable) Street Address (PO Box Number is Not Acceptable) 25400 U.S. 19 North Suite 210  City Clearwater  President  President  Note: Registered Agent spracular encurred when remaining when remaining of the process of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida  State International Difficulty  President  President  Note: Registered Agent spracular required when remaining  President  Note: Registered Agent spracular required when remaining  President  President  President  Note: Registered Agent spracular required when remaining  Od4/29/00  After Mary 1, 2000 Fee will be \$550.00  Mark Check Payable to Department of State  OFFICERS AND DIRECTORS  George R.  Chamber I ain Avenue  Filar Now!!! FEE: 18-3150.00  After Mary 1, 2000 Fee will be \$550.00  Mark Check Payable to Department of State  NAME STREET ADDRESS CITY-ST-2P  Delete  Title  NAME STREET ADDRESS CITY-ST-2P  Delete  Title NAME STREET ADDRESS CITY-ST-2P  Delete Title NAME STREET ADDRESS CITY-ST-2P  Delete Title Obered Title NAME STREET ADDRESS CITY-ST-2P  Delete Title Obered Title NAME STREET ADDRESS CITY-ST-2P  Delete Title Obered T

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/00

(727) 548-4663

Daytime Phone #