

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065631

1. Entity Name

RAPID CASH, INC.

Principal Place of Business

Mailing Address

9618 Fountainebleau Boulevard  
Miami, Florida 33172

2. Principal Place of Business

9618 Fountainebleau Blvd.  
Suite, Apt. #, etc.

3. Mailing Address

9618 Fountainebleau Blvd.  
Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0854207

Applied For

Not Applicable

Zip

33172

Country

Miami-Dade

Zip

33172

Country

Miami-Dade

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Michael Palma  
8639 N.W. 2 Lane,  
Miami, Florida 33126

7. Name and Address of New Registered Agent

Name  
Monica M. Saldarriaga  
Street Address (P.O. Box Number is Not Acceptable)  
5401 Collins Avenue  
Unit 814  
City  
Miami Beach FL Zip Code  
33140

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

(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

TITLE Director ☒ Delete  
NAME Michael Palma  
STREET ADDRESS 8639 N.W. 2 Lane  
CITY-ST-ZIP Miami, Florida 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director/President ☒ Change ☐ Addition  
NAME Monica M. Saldarriaga  
STREET ADDRESS 5401 Collins Avenue, Unit 814  
CITY-ST-ZIP Miami Beach, Florida 33140

TITLE Director/Secretary ☒ Change ☐ Addition  
NAME Ariel Suarez  
STREET ADDRESS 5401 Collins Avenue, Unit 814  
CITY-ST-ZIP Miami Beach, Florida 33140

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 #

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90144 001 \*\*\*\*\*8.75  
04-29-2000 90144 002 \*\*\*150.00

10846

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)