

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080757

1. Entity Name

THE MONEY MALL, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90042 015 ***150.00

Principal Place of Business

108 ROBIN ROAD
 SUITE 1010
 ALTAMONTE SPRINGS FL 32701

Mailing Address

108 ROBIN ROAD
 SUITE 1010
 ALTAMONTE SPRINGS FL 32715-0099

2. Principal Place of Business

3. Mailing Address

609 Doheny Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Casselberry FL

Zip

Country

Zip
 32707

Country
 Seminole

4. FEI Number

59-3531843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARENA, ALEXANDRA M
 609 DOHENY WAY
 CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

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 agent 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	PD	<input type="checkbox"/> Delete
NAME	ARENA, ALEXANDRA M	
STREET ADDRESS	609 DOHENY WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alexandra M. Arena	
STREET ADDRESS	609 Doheny Way	25%
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	Luz E. Rosa - President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	609 Doheny Way (CEO)	
STREET ADDRESS	Casselberry FL 32707	75%
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ALEXANDRA M. Arena

4-20-00

407-260-6464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)