

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State
 05-23-2000 90268 049 ***158.75

DOCUMENT # P 98000092152
 Entity Name
MONEY FIRST ENTERPRISES, INC.

40065802

Principal Place of Business Mailing Address
2079 NE 170 Street **2079 NE 170 Street**
North Miami Beach, FL **North Miami Beach, FL**
33162 **33162**

Principal Place of Business 3. Mailing Address
2864 Biscayne Blvd. **12864 Biscayne Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 334 **Suite 334**

DO NOT WRITE IN THIS SPACE

City & State City & State
North Miami, FL **North Miami, FL**

4. FEI Number Applied For
65-0873104 Not Applicable

Zip Country Zip Country
181-2007 **U.S.** **33181-2007** **U.S.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BENJAMIN SATCHER
2079 NE 170 Street
North Miami Beach, FL 33162

7. Name and Address of New Registered Agent
 Name **BENJAMIN SATCHER**
 Street Address (P.O. Box Number is Not Acceptable)
2079 NE 170 Street
 City **North Miami Beach** FL Zip Code **33162**

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: *Benjamin Satcher* DATE: *4/26/00*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 BENJAMIN SATCHER STREET ADDRESS 2079 NE 170 Street CITY-ST-ZIP North Miami Beach, FL 33162	<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: *Benjamin Satcher* **BENJAMIN SATCHER 04/26/00 (305) 658-4719**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)