

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093797

1. Entity Name

BROWARD CHECK CASHING, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90062 016 ***150.00

Principal Place of Business

1655 S. STATE RD 7
N. LAUDERDALE FL 33068
US

Mailing Address

1655 S. STATE RD 7
N. LAUDERDALE FL 33068-4694
US

2. Principal Place of Business

1655 SO. STATE RD. 7
Suite, Apt. #, etc.

3. Mailing Address

1655 SO. STATE RD. 7
Suite, Apt. #, etc.

City & State

NORTH LAUDERDALE

Zip 33068 Country US BROWARD

City & State

NORTH LAUDERDALE

Zip 33068 Country US BROWARD

4. FEI Number

65-0874502

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

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

City

FL

Zip Code

WEDDERBURN, MICHAEL

~~6763 NW 105TH LANE~~
~~PARKLAND FL 33076~~

10654 W. SAMPLE RD.
CORAL SPRINGS FL
33065

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

Michael Wedderburn MICHAEL WEDDERBURN, PRESIDENT 4-6-00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WEDDERBURN, MICHAEL	
STREET ADDRESS	1655 S. STATE RD 7	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
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		

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

Michael Wedderburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 (954) 968-1942

CR2E034 (9/99)