

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097230

1. Entity Name

R & T CHECK CASHING, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90089 018 ***150.00

Principal Place of Business

Mailing Address

609 WEST MOWRY DR
HOMESTEAD FL 33030

609 WEST MOWRY DR
HOMESTEAD FL 33030-5742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0876437

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BERNARD, ANTHONY
16201 SW 95TH AVE, STE 109
MIAMI FL 33157

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 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	PD	<input type="checkbox"/> Delete
NAME	TRIMINO, ROLANDO	
STREET ADDRESS	27045 SW 145TH AVENUE RD	
CITY-ST-ZIP	NARANJA FL 33032	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRIMINO, NAYLIS F	
STREET ADDRESS	27045 SW 145TH AVENUE RD	
CITY-ST-ZIP	NARANJA FL 33032	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRIMINO, ROBERT	
STREET ADDRESS	27045 SW 145TH AVENUE RD	
CITY-ST-ZIP	NARANJA FL 33032	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TRUJILLO, JOSE FELIPE	
STREET ADDRESS	27045 SW 145TH AVENUE RD	
CITY-ST-ZIP	NARANJA FL 33032	
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	<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	
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 reports 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/2000

Date

305-248-0017

Daytime Phone #

CR2E034 (9/99)