

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**  
 02-26-2002 90125 035 \*\*\*158.50

0000144 AT

**DOCUMENT # P99000021188**

**1. Entity Name**  
**BAY CASH ADVANCE, INC.**

**Principal Place of Business**

**20801 NW 2 AVENUE**  
**M-20801**  
**MIAMI FL 33169**

**Mailing Address**

**20701 NW 2ND AVENUE**  
**MIAMI FL 33169**

**80031666**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

**Bay cash Advance Bay cash Advance**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**9270 Vedra Point Ln**

**20701 NW 2nd Ave**

**City & State**  
**Boca Raton 33946**

**City & State**  
**Miami FL**

**4. FEI Number**  
**65-0901731**

**Applied For**  
**Not Applicable**

**Zip**  
**33946**

**Country**  
**USA**

**Zip**  
**33169**

**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**

**MORTEZAI, RASSOL**  
**20701 NW 2ND AVE**  
**MIAMI FL 33169**

**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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **PD**  
**STREET ADDRESS** **MORTEZAI, RASSOL**  
**CITY-ST-ZIP** **20801 NW 2 AVENUE**  
**BOCA RATON FL 33433**

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

**TITLE** ☐ Delete  
**NAME** **VPD**  
**STREET ADDRESS** **MORTEZAI, FARIBA MORADI**  
**CITY-ST-ZIP** **20801 NW 2 AVENUE**  
**BOCA RATON FL 33433**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**CITY-ST-ZIP**

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**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:** **RASSOL MORTEZAI**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)