

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90135 014 ***163.75

DOCUMENT # P99000037349

1. Entity Name
EFFECTIVO MONEY TRANSFER CORP.



Principal Place of Business
**2040 NE 163 ST.
SUITE 307-B
N.MIAMI BEACH FL 33162**

Mailing Address
**2040 NE 163 ST.
SUITE 307-B
N.MIAMI BEACH FL 33162**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0929527**

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

GARCIA, FRANCISCO E

2040 NE 163 ST.

SUITE 307-B

N.MIAMI BEACH FL 33162

Name **ALEJANDRO MURCIA**

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

2040 NE 163 ST. SUITE 307B

City **N. MIAMI BEACH** FL Zip Code **33162**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALEJANDRO MURCIA / PRESIDENT** **02/22/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☒ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **GARCIA, FRANCISCO E**
STREET ADDRESS **2140 NE 163 ST. SUITE 207-B**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE **PD** ☐ Change ☒ Addition
NAME **ALEJANDRO MURCIA**
STREET ADDRESS **2040 NE 163 ST. SUITE 307B**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33162**

TITLE **VDS** ☒ Delete
NAME **SANCHEZ, MARTHA C**
STREET ADDRESS **2140 NE 163 ST. SUITE 207-B**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE **VD** ☐ Change ☒ Addition
NAME **MONICA NUNEZ**
STREET ADDRESS **2040 NE 163 ST. SUITE 307B**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33162**

TITLE **SD** ☒ Delete
NAME **ROLDAN, MILENA**
STREET ADDRESS **2140 NE 163 ST. SUITE 207-B**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE **SD** ☐ Change ☒ Addition
NAME **DEBORAH MALCA**
STREET ADDRESS **2040 NE 163 ST. SUITE 307B**
CITY-ST-ZIP **N. MIAMI BEACH, FL 33162**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ALEJANDRO MURCIA** **02/22/03** **305-9452299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)