

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045010

1. Entity Name

PAWN SHOP BARGAINS, INC.

Principal Place of Business

1001 ALTERNATE A1A  
JUPITER FL 33477

Mailing Address

1001 ALTERNATE A1A  
JUPITER FL 33477-3227

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **BENJAMIN FRIEDMAN**

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

**3520 OAKS WAY # 909**

City **ROMANO BEACH**

FL

Zip Code **33069**

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

**3/16/00**

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  
NAME **PSTD FRIEDMAN, JAMES**  
STREET ADDRESS **1001 ALTERNATE A1A**  
CITY-ST-ZIP **JUPITER FL 33477**

☐ Delete

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STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **5011 JACKSON ST HOLLYWOOD FL 33021**

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/16/00**

Daytime Phone #

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90064 041 \*\*\*150.00

00047060



DO NOT WRITE IN THIS SPACE