

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 11, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000059947****1. Entity Name**
PAYDAY DIRECT INC.**Principal Place of Business**

335 N. FEDERAL HWY.

BOCA RATON
33432

FL

Mailing Address

335 N. FEDERAL HWY.

BOCA RATON
33432

FL

2. Principal Place of Business
500 NE SPANISH RIVER BLVD**3. Mailing Address**
500 NE SPANISH RIVER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON

FL

City & State
BOCA RATON

FL

4. FEI Number☐ Applied For
☒ Not Applicable**Zip**
33431**Country****Zip**
33431**Country****5. Certificate of Status Desired** ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**KLEIMAN RICHARD
335 N. FEDERAL HWY.BOCA RATON
33432

FL

7. Name and Address of New Registered Agent**Name**

MATTLIN & MCCLOSKEY

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

2300 GLADES ROAD

400**City**
BOCA RATON**FL****Zip Code**
33431**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 ROB HORWITZ**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/11/2000

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** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME D
STREET ADDRESS KLEIMAN RICHARD
CITY-ST-ZIP 335 N. FEDERAL HWY.
BOCA RATON FL 33432**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☒ Addition
NAME PD
STREET ADDRESS CLOUSE BRIAN S
CITY-ST-ZIP 500 NE SPANISH RIVER BLVD
BOCA RATON FL 33431**TITLE** ☒ Change ☐ Addition
NAME PD
STREET ADDRESS KLEIMAN JEFFREY
CITY-ST-ZIP 500 NE SPANISH RIVER BLVD
BOCA RATON FL 33431**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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** Jeffrey Kleiman

PD 04/11/2000