

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000066753**

1. Entity Name  
DAILY MONEY MANAGERS, INC.

Principal Place of Business  
10008 GREENPINE BLVD.,  
#A-1  
WEST PALM BEACH FL 33409

Mailing Address  
1012 GREENPINE BLVD.,  
#H-1  
WEST PALM BEACH FL 33409

2. Principal Place of Business  
401 S. COUNTY ROAD  
#2912

3. Mailing Address  
1008 GREENPINE BLVD.,  
#A-1

Suite, Apt. #, etc.  
#2912

Suite, Apt. #, etc.  
#A-1

City & State  
PALM BEACH FL

City & State  
WEST PALM BEACH FL

Zip Country  
33480

Zip Country  
33409

4. FEI Number  
**65-1105589**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

ONG ANDY K  
1401 VILLAGE BLVD.  
#318  
WEST PALM BEACH FL 33409 US

## 7. Name and Address of New Registered Agent

Name  
ONG ANDY K  
Street Address (P.O. Box Number is Not Acceptable)  
1008 GREEN PINE BLVD  
#A-1  
City WEST PALM BEACH FL Zip Code 33409

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 **ANDY K. ONG**

**05/23/2001**

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, 2001 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 STREET ADDRESS CITY-ST-ZIP	VP ZHAO HONG 401 S. COUNTY ROAD # 2912 PALM BEACH FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ONG ANDY K 1008 GREEN PINE BLVD #A-1 WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Andy K. Ong**

Pres **05/23/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)