

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078880

1. Entity Name

NATIONAL COIN AND CURRENCY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90228 011 ***158.75

Principal Place of Business Mailing Address
4875 N FEDERAL HIGHWAY, 2ND FLOOR 4875 N FEDERAL HIGHWAY, 2ND FLOOR
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308-4610

2. Principal Place of Business 3. Mailing Address
555 S Federal Hwy 5300 NW 33rd Ave

Suite, Apt. #, etc. Suite, Apt. #, etc.
400-450 117

City & State City & State
Boca Raton, FL Fort Lauderdale, FL

Zip Country Zip Country
33432 USA 33309 USA

4. FEI Number 65-0957097 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

MULDOON, GARRETT
2557 CARAMBOLA CIRCLE N.
COCONUT CREEK FL 33066

Name ALLAN SERCHAY
Street Address (P.O. Box Number is Not Acceptable)
5300 NW 33rd Ave STE 117
City Fort Lauderdale, FL Zip Code 33309

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]* ALLAN SERCHAY 04/25/00
(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS MULDOON, GARRETT 2557 CARAMBOLA CIRCLE NORTH COCONUT CREEK FL 33066 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/R Rick GROSCH 5300 NW 33rd Ave STE 117 Fort Lauderdale, FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 *[Signature]* Rick GROSCH 04/25/00 561-417-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)