

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90083 028 ***150.00

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DOCUMENT # P99000089954

1. Entity Name
MONEYMEX SERVICES, INC.



Principal Place of Business

~~2519 NW 72 AVE~~

~~B~~

~~MIAMI FL 33122~~

Mailing Address

~~1001 SW 156 AVE~~

~~MIRAMAR FL 33027~~

2. Principal Place of Business

4811 NW 79 AVE Suite 3

3. Mailing Address

4811 NW 79 AVE

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite #3

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

U.S.

Zip

33166

Country

U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0957934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SOLANO OSCAR~~

~~40241 43 NW 9TH ST CEN APT 100~~

~~MIAMI FL 33172~~

7. Name and Address of New Registered Agent

Name

FRANCISCO J. VILLA

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

16151 SW 147 LN

City

MIAMI, FL

FL

Zip Code

33196

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

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

(NOTE: Registered Agent signature required when reinstating)

4/8/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **RUBIANO, LUZ M**
STREET ADDRESS **17993 SW 13TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE **V** ☒ Delete
NAME **GARCIA, MELBA M**
STREET ADDRESS **17993 SW 13TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSVT** ☒ Change ☒ Addition
NAME **FRANCISCO J. VILLA**
STREET ADDRESS **16151 SW 147 LN**
CITY-ST-ZIP **MIAMI, FL, 33196**

TITLE **D** ☒ Change ☒ Addition
NAME **JULIO CESAR GAVIRIA**
STREET ADDRESS **4811 NW 79 AVE Suite #3**
CITY-ST-ZIP **MIAMI, FL, 33166**

TITLE **D** ☒ Change ☒ Addition
NAME **GIOVANNI DUQUE OSPINA**
STREET ADDRESS **8351 NW 167 TRR**
CITY-ST-ZIP **MIAMI, FL, 33016**

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03

Date

305-2471-0760

Daytime Phone #

CR2E034 (10/02)