

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 08:00 AM  
Secretary of State

DOCUMENT # P99000100147

1. Entity Name  
MENICK CHECKS CASHED, INC.

Principal Place of Business 4593 N.W. 7TH STREET MIAMI FL 33126	Mailing Address 4593 N.W. 7TH STREET MIAMI FL 33126
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 261 WEST PARK DR Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0961788	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUNEZ NICOLAS D  
4593 N.W. 7TH STREET  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name NUNEZ NICOLAS D	Street Address (P.O. Box Number is Not Acceptable) 4593 NW 7 ST	City MIAMI	Zip Code 33126
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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 NICOLAS NUNEZ

04/28/2000

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, 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 STREET ADDRESS CITY-ST-ZIP	D NUNEZ NICOLAS D 4593 N.W. 7TH STREET MIAMI FL 33126	<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: NICOLAS NUNEZ

D 04/28/2000