

2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90064-038-\$150.00-\$150.00

DOCUMENT # **S72732**

1. Entity Name

DAD'S MONEY, INC.

FILED

00 MAR 27 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2550 SOUTH BAYSHORE DRIVE
SUITE #12
MIAMI FL 33133

Mailing Address

2550 SOUTH BAYSHORE DRIVE
SUITE #12
MIAMI FL 33133-4743

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0275129

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CICERO, ELIZABETH
2550 SOUTH BAYSHORE DRIVE
SUITE #12
MIAMI FL 33133

president
only officer

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	CICERO, BETH	
STREET ADDRESS	4025 ENSENADA AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	Elizabeth E. Cicero	<input type="checkbox"/> Delete
NAME	1717 North Bayshore Drive	
STREET ADDRESS	MIAMI FL 33132	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Elizabeth Cicero	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 N. Bayshore Drive #3437	
STREET ADDRESS	MIAMI, FL 33132	
CITY-ST-ZIP	(PRESIDENT)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Elizabeth Cicero

2-25-00

Date

Daytime Phone #

(305)

854-0053

CR2E034 (9/99)