

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V44740

1. Entity Name

DANA'S CASH-FLO, INC.

FILED

Mar 20, 2000 8:00 am  
Secretary of State

03-20-2000 90201 002 \*\*\*150.00

Principal Place of Business

10772 NORTHWEST 12TH MANOR  
PLANTATION FL 33322

Mailing Address

10772 NORTHWEST 12TH MANOR  
PLANTATION FL 33322-6995

2. Principal Place of Business

2530 NORTH UNIVERSITY DR.

Suite, Apt. #, etc.

3. Mailing Address

2530 NORTH UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

SUNRISE FL

Zip 33322

Country USA

City & State

SUNRISE FL

Zip 33322

Country USA

4. FEI Number

65-0338807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALPERN, DANA  
1726 NW 81ST WAY  
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

DANA GALPERN

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

2530 NORTH UNIVERSITY DRIVE

City SUNRISE

FL

Zip Code 33322

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

DANA N. GALPERN, PRES.

3/13/2000

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 PVPT  
NAME GALPERN, DANA N  
STREET ADDRESS 1726 NW 81ST WAY  
CITY-ST-ZIP PLANTATION FL 33322 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVPT  
NAME DANA N. GALPERN ☒ Change ☐ Addition  
STREET ADDRESS 2530 NORTH UNIVERSITY DRIVE  
CITY-ST-ZIP SUNRISE FL 33322

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANA N. GALPERN, PRES.

Date

3/13/2000

Daytime Phone #

(54) 746-7283

CRDEN24 (9/00)