

**STATE OF FLORIDA
OFFICE OF FINANCIAL REGULATION**

Money Services Business Quarterly Report Form

GENERAL INSTRUCTIONS

Form OFR-560-04 is the form used by Money Services Business licensees to submit their quarterly report of operations. Each licensee should carefully read these instructions to ensure that each report is filed timely and accurately. Quarterly reports must be received by the Office within 45 days after each quarter ends.

***Do not use this form to amend license information. All amendments (i.e. - address, phone number, control persons, etc.) are required to be submitted by filing an amended application form (Form OFR-560-01) indicating the information that has changed.

The report is divided into the following sections:

- Date of Report
- Licensee Information
- Declaration
- Section I – Check Cashers
- Section II – Foreign Currency Exchangers
- Section III – Deferred Presentment Providers
- Section IV- Money Transmitters
- Section V – Payment Instrument Sellers
- Section VI – Virtual Currency Transmission
- Section VII – Gold Coin and Silver Coin Transmissions
- Section VIII – Gold Coin and Silver Coin in Custody

Submit this form to the Office of Financial Regulation through the REAL System.

1. Date of Report

Circle the appropriate quarter end date and fill in the year.

2. Licensee Information

File Number – This is a number assigned by the Office of Financial Regulation.

Name of the Licensee – Business name under which license is issued.

Contact Person – Provide the name of the person who can answer questions about the information provided on the quarterly report.

Contact Person Phone and Fax Number – Provide the telephone and fax number of the contact person for questions regarding the quarterly report.

3. Declaration

The report must be signed by an authorized person of the licensee. This includes any individual currently listed in question 5G of Form OFR-560-01 (Application for License as a Money Services Business). Include the authorized signor's printed name, title and date signed.

4. Sections I, II, III, IV, V, VI, VII, & VIII

Report your transactional data as indicated for each type of service performed, including deferred presentment transactions. If no business was conducted during a month or the entire quarter, then indicate by entering zero (0) in the appropriate box(es). All dollar (\$) amounts must be in U.S. Dollars. **Do not enter "N/A" or leave a box blank.**

**STATE OF FLORIDA
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MONEY SERVICES BUSINESS QUARTERLY REPORT FORM

Date of Report

FOR THE QUARTER ENDED (Circle one): **3/31** **6/30** **9/30** **12/31** **20** ____

LICENSEE INFORMATION (Answer all questions listed below)

FILE NUMBER: _____

NAME OF LICENSEE: _____

D/B/A or FICTITIOUS NAME: _____

CONTACT PERSON REGARDING THIS REPORT: _____

TELEPHONE #: (____)____--____ **FAX #:** (____)____--____

Declaration

I, the undersigned authorized person, have full authority to sign and verify this report. I have read this report and have knowledge of the information stated herein. This report, and all information submitted in connection herewith, is complete and accurate, to the best of my knowledge and belief.

Section 837.06, F.S., states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

The authorized person or authorized person's agent has typed his or her name under this section to attest to the completeness and accuracy of this form. The authorized person recognizes that this typed name constitutes, in every way, use or aspect, his or her legally binding signature.

Signature

Print Name

Title

Date

SECTION I - CHECK CASHERS

Check Cashers Quarterly Report of Operations				
	Month #1	Month #2	Month #3	Totals for Quarter
Total Number of Payment Instruments Cashed	#	#	#	#
Total Face Amount of all Payment Instruments Cashed	\$	\$	\$	\$
Total Fees Received for all Payment Instruments Cashed	\$	\$	\$	\$
Total Verification Fees Received for all Payment Instruments Cashed	\$	\$	\$	\$

SECTION II (A) - FOREIGN CURRENCY EXCHANGERS

Foreign Currency Exchangers Quarterly Report of Operations				
	Month #1	Month #2	Month #3	Totals for Quarter
Total Number of Foreign Currency Exchange Transactions Completed	#	#	#	#
Total Face Amount of all Foreign Currency Exchanged (In U.S. Dollars)	\$	\$	\$	\$
Total Service Fees Assessed for all Transactions Completed	\$	\$	\$	\$

SECTION II (B) –FOREIGN CURRENCY EXCHANGERS GOLD AND SILVER COIN ONLY

Gold and Silver Foreign Currency Exchangers Quarterly Report of Operations				
	Month #1	Month #2	Month #3	Totals for Quarter
Total Number of Foreign Currency Exchange Transactions Completed	#	#	#	#
Total Face Amount of all Foreign Currency Exchanged for Gold and Silver (In U.S. Dollars)	\$	\$	\$	\$
Total Service Fees Assessed for all Transactions Completed	\$	\$	\$	\$

SECTION III - DEFERRED PRESENTMENT PROVIDERS

Deferred Presentment Providers Quarterly Report of Operations				
	Month #1	Month #2	Month #3	Totals for Quarter
Total Number of Deferred Presentment Transactions	#	#	#	#
Total Amount of all Deferred Presentment Transactions (excluding fees)	\$	\$	\$	\$
Total Services Fees Received for all Deferred Presentment Transactions	\$	\$	\$	\$
Total Verification Fees Received for all Deferred Presentment Transactions	\$	\$	\$	\$

SECTION IV - MONEY TRANSMITTERS – Report transmissions involving virtual currency in Section V.**FOR THE FIRST MONTH OF THE QUARTER:**

<u>Summary of Inbound/Outbound Money Transmissions</u>						
Country	Amount Outbound	Total Fees Collected	Total Number of Transactions	Amount Inbound	Total Fees Collected	Total Number of Transactions
	\$	\$	#	\$	\$	#
MONTHLY TOTALS	\$	\$	#	\$	\$	#

SECTION IV, Cont'd - MONEY TRANSMITTERS**FOR THE SECOND MONTH OF THE QUARTER:**

<u>Summary of Inbound/Outbound Money Transmissions</u>						
Country	Amount Outbound	Total Fees Collected	Total Number of Transactions	Amount Inbound	Total Fees Collected	Total Number of Transactions
	\$	\$	#	\$	\$	#
MONTHLY TOTALS	\$	\$	#	\$	\$	#

FOR THE THIRD MONTH OF THE QUARTER:

<u>Summary of Inbound/Outbound Money Transmissions</u>						
Country	Amount Outbound	Total Fees Collected	Total Number of Transactions	Amount Inbound	Total Fees Collected	Total Number of Transactions
	\$	\$	#	\$	\$	#
MONTHLY TOTALS	\$	\$	#	\$	\$	#

SECTION V - PAYMENT INSTRUMENT SELLERS

Payment Instrument Sales Quarterly Report of Operations				
	Month #1	Month #2	Month #3	Totals for Quarter
Total Number of Payment Instruments Issued or Sold	#	#	#	#
Total Face Amount of all Instruments Issued or Sold	\$	\$	\$	\$
Total Fees Assessed for all Instruments Issued or Sold	\$	\$	\$	\$

SECTION VI – VIRTUAL CURRENCY TRANSMISSIONS

Virtual Currency Transmissions Quarterly Report of Operations				
	Month #1	Month #2	Month #3	Totals for Quarter
Total Number of Virtual Currency Transmissions	#	#	#	#
Total U.S. Dollar Value Equivalent of all Virtual Currency Transmissions	\$	\$	\$	\$
Total Fees Assessed for all Virtual Currency Transmissions	\$	\$	\$	\$

SECTION VII – GOLD COIN AND SILVER COIN TRANSMISSIONS

Gold and Silver Coin Transmissions Quarterly Report of Operations				
	Month #1	Month #2	Month #3	Totals for Quarter
Total Number of Transmissions Involving Gold Coins	#	#	#	#
Total U.S. Dollar Value Equivalent of all Transmissions Involving Gold Coins	\$	\$	\$	\$
Total Fees Assessed for all Transmissions Involving Gold Coins	\$	\$	\$	\$
Total Number of Transmissions Involving Silver Coins	#	#	#	#
Total U.S. Dollar Value Equivalent of all Transmissions Involving Silver Coins	\$	\$	\$	\$
Total Fees Assessed for all Transmissions Involving Silver Coins	\$	\$	\$	\$

SECTION VIII – GOLD COIN AND SILVER COIN IN CUSTODY

Gold and Silver Coin in Custody Quarterly Report of Operations				
	Month #1	Month #2	Month #3	Totals for Quarter – Sum of All Three Months
Total U.S. Dollar Equivalent Value of Gold Coins in Custody on the Last Day of Each Month	\$	\$	\$	\$
Total U.S. Dollar Equivalent Value of Silver Coins in Custody on the Last Day of Each Month	\$	\$	\$	\$