

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am  
Secretary of State

02-28-2001 90128 004 \*\*\*150.00

DOCUMENT # G98389

1. Entity Name

MYRIAD/ONE CORP.

Principal Place of Business

Mailing Address

1717 N. BAYSHORE DRIVE  
SUITE 2348  
MIAMI FL 33132

1717 N. BAYSHORE DRIVE  
SUITE 2348  
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

500 S. Lakeview DR.  
Suite, Apt. #, etc.

500 S. Lakeview Drive  
Suite, Apt. #, etc.

City & State  
Lake Helen, Fla. 32744  
Zip  
32744  
Country  
USA

City & State  
Lake Helen, Fla  
Zip  
32744  
Country  
USA

4. FEI Number 59-2517556

Applied For  
Not Applicable

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

COLLINS, WILLIAM, JR.  
1717 N. BAYSHORE DR., #2348  
MIAMI FL 33132

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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
COLLINS, WILLIAM, JR.  
1717 N. BAYSHORE DRIVE #2348  
MIAMI FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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

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CITY-ST-ZIP  
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☐ Change ☐ Addition

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STREET ADDRESS  
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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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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

Date

Daytime Phone #

2-21-01 904-228-8700

CR2E034 (10/00)