

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J86861

1. Entity Name

ONE TWO TREE, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90116 006 ***150.00

Principal Place of Business

2950 S.W. 71ST AVE.
MIAMI FL 33155

Mailing Address

2950 SW 71 AVE
MIAMI FL 33155-2843
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2844328

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

TERWILLIGER, MARC
11625 SW 114 CT
MIAMI FL 33176

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 ☐ Delete

NAME TERWILLIGER, PAUL E.

STREET ADDRESS 9519 SW 138 PL

CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Delete

NAME TERWILLIGER, MARC

STREET ADDRESS 11625 SW 114 CT.

CITY-ST-ZIP MIAMI FL

TITLE ☒ Delete

NAME CORLEY, MARILYN

STREET ADDRESS 8880 S W 13301 UNIT D

CITY-ST-ZIP MIAMI FL 33186

TITLE ☒ Delete

NAME TERWILLIGER, MARILYN

STREET ADDRESS 6824 SW 114 PL UNIT C

CITY-ST-ZIP MIAMI FL 33173

TITLE ☐ Delete

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 #

4/10/00 305-267-1427

CR2E034 (9/99)