

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90380 015 \*\*\*150.00

0344964 AV

DOCUMENT # P00000041273

1. Entity Name  
ONEBIN.COM, INC.



Principal Place of Business  
3000 SW 60TH AVE  
DAVIE FL 33314

Mailing Address  
3000 SW 60TH AVE  
DAVIE FL 33314

2. Principal Place of Business  
3406 SW 26 Terrace

3. Mailing Address

Suite, Apt. #, etc.  
Suite C-10

Suite, Apt. #, etc.

City & State  
Fort Lauderdale FL

City & State

Zip Country  
33312 Broward

Zip Country

4. FEI Number 65-1010363

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

TRUMBACH, ANDREW  
3000 SW 60TH AVE  
DAVIE FL 33314

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|   |                                 |
|---|---------------------------------|
| TITLE+ NAME<br>PCFO<br>TRUMBACH, ANDREW | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>3000 SW 60 AVE        |                                 |
| CITY-ST-ZIP<br>DAVIE FL 33314           |                                 |
| TITLE+ NAME<br>CEO<br>SINGH, MICHAEL    | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>3000 SW 60 AVE        |                                 |
| CITY-ST-ZIP<br>DAVIE FL 33314           |                                 |
| TITLE+ NAME                             | <input type="checkbox"/> Delete |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |
| TITLE+ NAME                             | <input type="checkbox"/> Delete |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |
| TITLE+ NAME                             | <input type="checkbox"/> Delete |
| STREET ADDRESS                          |                                 |
| CITY-ST-ZIP                             |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |  |
|---|--|
| TITLE+ NAME                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                          |  |
| CITY-ST-ZIP                             |  |
| TITLE+ NAME                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                          |  |
| CITY-ST-ZIP                             |  |
| TITLE+ NAME<br>V.P.<br>Leon Williams    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br>3406 SW 26 Terrace    |  |
| CITY-ST-ZIP<br>Fort Lauderdale FL 33312 |  |
| TITLE+ NAME                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                          |  |
| CITY-ST-ZIP                             |  |
| TITLE+ NAME                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                          |  |
| CITY-ST-ZIP                             |  |
| TITLE+ NAME                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                          |  |
| CITY-ST-ZIP                             |  |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Date: 4/30/03 (954) 931 6244 Daytime Phone #

CR2E034 (10/02)