

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000036786 (8)**

1. Entity Name
ONE PRICE MARKETING, INC.

FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
5060 Coconut Creek Parkway 5060 Coconut Creek Parkway
Margate, Florida 33063 Margate, Florida 33063

2. Principal Place of Business 3. Mailing Address
5060 Coconut Creek Parkway 5060 Coconut Creek Parkway
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Margate, Florida		City & State Margate, Florida		4. FEI Number 65-0580170	Applied For <input type="checkbox"/> Not Applicable
Zip 33063	Country Broward	Zip 333063	Country Broward	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Joseph L. Bernstein P.A.
Street Address (P.O. Box Number is Not Acceptable)
506 S.E. 8th Street
Ft. Lauderdale,
City **FL** Zip Code **33316**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 P	<input checked="" type="checkbox"/> Delete	TITLE P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DASH, GUY		NAME GONDOLA, ANTHONY	
STREET ADDRESS 5060 Coconut Creek Parkway		STREET ADDRESS 5060 Cocount Creek Parkway	
CITY-ST-ZIP Margate, Florida 33063		CITY-ST-ZIP Margate, Florida 33063	
TITLE S.D.	<input type="checkbox"/> Delete	TITLE S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSENBLATT, SELMA		NAME ROSENBLATT, SELMA	
STREET ADDRESS 9400 N.W. 81 CT.		STREET ADDRESS 5060 Coconut Creek Parkway	
CITY-ST-ZIP Tamarac, Florida 33321		CITY-ST-ZIP Margare, Florida 33063	
TITLE _____	<input type="checkbox"/> Delete	TITLE V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME _____		NAME ROSENBLATT, IRV	
STREET ADDRESS _____		STREET ADDRESS 5060 Coconut-Creek Parkway	
CITY-ST-ZIP _____		CITY-ST-ZIP Margate, Florida 33063	
TITLE _____	<input type="checkbox"/> Delete	TITLE 4000003169774	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME -03/14/00--01116--025	
STREET ADDRESS _____		STREET ADDRESS ****150.00 ****150.00	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	

CR2E034 (9/99)

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  V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
IRV ROSENBLATT

Date **3/8/00** Daytime Phone # **305-249-4000**

LS