

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-13-2000 90050 007 \*\*\*150.00

DOCUMENT # P97000093617

1. Entity Name
CONSUMER ONE, INC.

Principal Place of Business
19621 NE MIAMI CT
MIAMI BEACH FL 33179
Mailing Address
19621 NE MIAMI CT
NO MIAMI BEACH FL 33179-3260



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 65-0791811
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

MONATH, JAY
19621 NE MIAMI CT
NO MIAMI BEACH FL 33179

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] DATE 4/28/00
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

11.1 TITLE D MONATH, JAY
STREET ADDRESS 19621 NE MIAMI CT
CITY-ST-ZIP NO MIAMI BEACH FL 33179
11.2 TITLE
STREET ADDRESS
CITY-ST-ZIP
11.3 TITLE
STREET ADDRESS
CITY-ST-ZIP
11.4 TITLE
STREET ADDRESS
CITY-ST-ZIP
11.5 TITLE
STREET ADDRESS
CITY-ST-ZIP
11.6 TITLE
STREET ADDRESS
CITY-ST-ZIP
11.7 TITLE
STREET ADDRESS
CITY-ST-ZIP
11.8 TITLE
STREET ADDRESS
CITY-ST-ZIP

12.1 TITLE
STREET ADDRESS
CITY-ST-ZIP
12.2 TITLE
STREET ADDRESS
CITY-ST-ZIP
12.3 TITLE
STREET ADDRESS
CITY-ST-ZIP
12.4 TITLE
STREET ADDRESS
CITY-ST-ZIP
12.5 TITLE
STREET ADDRESS
CITY-ST-ZIP
12.6 TITLE
STREET ADDRESS
CITY-ST-ZIP
12.7 TITLE
STREET ADDRESS
CITY-ST-ZIP
12.8 TITLE
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: X [Signature] DATE 4/28/00 DAYTIME PHONE # 305-794-4403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)