

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702891

1. Entity Name

ONE SEVEN TWO HOLDING ASSOCIATION INC ✓

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90174 017 ****70.00

Principal Place of Business

Mailing Address

C/O JUDY A. JOHNSON
 7910 N.W. 25TH STREET #200
 MIAMI FL 33122

C/O JUDY A. JOHNSON
 7910 N.W. 25TH STREET #200
 MIAMI FL 33122



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7910 N.W. 25ST

7910 N.W. 25ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

Miami FLA

Miami FLA

Zip

Country

33122 USA

Zip

Country

33122 USA

4. FEI Number

59-0999024

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

PEARLMAN, WARREN
 7910 NW 25 ST., STE. 200
 MIAMI FL 33122

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

FILE NOW: FEE IS \$61.25
 After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME JOHNSON, JUDY A
 STREET ADDRESS 9765 S.W. 53RD TERRACE
 CITY-ST-ZIP MIAMI FL 33165 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE STD
 NAME PEARLMAN, WARREN
 STREET ADDRESS 14530 S.W. 287 STREET
 CITY-ST-ZIP HOMESTEAD FL 33033 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE VD
 NAME FORD, WILHELMINA
 STREET ADDRESS P.O. BOX 450434
 CITY-ST-ZIP MIAMI FL 33245 Delete

TITLE VD
 NAME Rickie Mobley
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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 617, 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:

Judy A. Johnson 7/5/00 305-401-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)