

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90022 035 ***150.00

DOCUMENT # F00000001684**1. Entity Name**
ONECHEM LTD., INC.**Principal Place of Business**
80 S.W. 8TH STREET, SUITE 1900
PENTHOUSE
MIAMI FL 33131**Mailing Address**
80 S.W. 8TH STREET, SUITE 1900
PENTHOUSE
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **98-0210933**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****CORPORATE CREATIONS NETWORK INC.**
941 FOURTH STREET
MIAMI FL 33139

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, 2002 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** **D** ☐ Delete
NAME **SCHLANGER, MARVIN**
STREET ADDRESS **15 SOUTHWOOD DRIVE**
CITY-ST-ZIP **CHERRY HILL NJ 08003****TITLE** **VSD** ☒ Delete
NAME **STARKMAN, JAY**
STREET ADDRESS **100 S.E. 2ND STREET, 37TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131****TITLE** **T** ☐ Delete
NAME **NORITAKE, RICHARD**
STREET ADDRESS **9 LONGLEDGE DRIVE**
CITY-ST-ZIP **RYE BROOK NY 10573****TITLE** **CD** ☐ Delete
NAME **KAPLAN, HOWARD**
STREET ADDRESS **20023 N.E. 19TH PLACE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179****TITLE** **D** ☐ Delete
NAME **KAPLAN, IAN**
STREET ADDRESS **305 N. HIBISCUS DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139****TITLE** **D** ☒ Delete
NAME **COHRS, MICHAEL S**
STREET ADDRESS **1 MULBERRY WALK**
CITY-ST-ZIP **LONDON, SW3 6DZ, ENGLAND****TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
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STREET ADDRESS
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

4/18/02
Date**(305) 423-4000**
Daytime Phone #

CR2E034 (9/01)