

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**  
 04-05-2000 90096 016 \*\*\*150.00

**DOCUMENT # F66122**

1. Entity Name

**ORANGE ONE MANAGEMENT, INC.**

Principal Place of Business

**2650 NE 189 STREET  
 NORTH MIAMI BEACH FL 33180  
 US**

Mailing Address

**2650 NE 189 STREET  
 NORTH MIAMI BEACH FL 33180-2628  
 US**

2. Principal Place of Business

**20764 West Dixie Highway**

3. Mailing Address

**20764 West Dixie Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Aventura, FL**

City & State  
**Aventura, FL**

4. FEI Number **59-2160964**

Applied For  
 Not Applicable

Zip  
**33180-1146**

Country  
**US**

Zip  
**33180-1146**

Country  
**US**

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

6. Name and Address of Current Registered Agent

**AIN, CLIFFORD B.  
 2650 NE 189 STREET  
 NORTH MIAMI BEACH FL 33180**

7. Name and Address of New Registered Agent

Name  
**Ain, Clifford B.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**20764 West Dixie Highway**  
 City **Aventura** **FL** Zip Code **33180-1146**

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, 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

TITLE **DSP** ☐ Delete  
 NAME **AIN, CLIFFORD B**  
 STREET ADDRESS **2650 NE 189 STREET**  
 CITY-ST-ZIP **NORTH MIAMI BCH FL**

TITLE **DT** ☐ Delete  
 NAME **AIN, THEODORE**  
 STREET ADDRESS **6881 SUN RIVER ROAD**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Ain, Clifford B.**  
 STREET ADDRESS **20764 West Dixie Highway**  
 CITY-ST-ZIP **Aventura, FL 33180-1146**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: **CLIFFORD B. AIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/31/00**

Date

**(305) 931-9544**

Daytime Phone #

CR2E034 (9/99)