2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002858

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 July 17 AM 10:00

1. Entity Name

One World One Family Now Inc

Principal Place of Business	Mailing Address
4912 Van Buren St. Hollywood FL 33021	4912 Van Buren Hollywood FL 33021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
706 White Street	706 White Street
Suite, Apt. #, etc.: #8	Suite, Apt. #, etc.: #8
City & State: Key West FL	City & State: Key West FL
Zip: 33040 Country: US	Zip: 33040 Country: US

4. FEI Number: 33-0433799 ☐ 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
Ben Bastos 706 White St. #8 Key West FL 33040	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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP West, John 1775 Oliver Ave. San Diego CA 92109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP Alvarado, Marie 2025 Oliver Ave. San Diego CA 92109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600004512928--9 -08/02/01--01011--009 *****70.00 *****70.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST McMillan, Lucinda 1018 S. Orange Drive Los Angeles CA 90019	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

COR2E037 (11/00)

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: John West John West DP 7/17/01 (305)562-0535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #