

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90891 025 ****70.00

DOCUMENT # F93000002858

1. Entity Name

One World One Family Now Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

865 NE 149th St.

Suite, Apt. #, etc.

3. Mailing Address

865 NE 149th St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

4. FEI Number

33-043379

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Ben Bastos

Street Address (P.O. Box Number is Not Acceptable)

865 NE 149th St.

City

North Miami Beach, FL

FL

Zip Code

33161

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

Ben Bastos

Ben Bastos Registered Agent

4-30-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$81.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
West, John
1775 Oliver Ave.
San Diego, CA. 92109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DVP
Alvarado, Marie
2025 1/2 Oliver Ave
San Diego, CA. 92109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DST
McMillan, Lucinda
1018 S. Orange Dr.
Los Angeles, CA. 90019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John West DP

4-30-02(305) 562-0535

Date

Daytime Phone #

CR2E037B (12/01)