

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
 03-14-2000 90016 005 ***158.75

DOCUMENT # F97000006037

1. Entity Name
DOVE ONE INC.

Principal Place of Business 2501 S.E. AVIATION WAY SUITE 1 STUART FL 34997	Mailing Address 2501 S.E. AVIATION WAY SUITE 1 STUART FL 34996-4017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4225 Ingraham Hwy Suite, Apt. #, etc.	3. Mailing Address 4225 Ingraham Hwy Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami FL	4. FEI Number 65-0106720	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip 33133	Country Dade	Zip 33133	Country Dade
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOUDY, MARLIN 345 SE CARDINAL TRAIL STUART FL 34997	7. Name and Address of New Registered Agent Name <u>Serge Feller</u> Street Address (P.O. Box Number is Not Acceptable) 4225 Ingraham Hwy City <u>Miami</u> FL <u>33133</u>
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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 S Feller Chairman CEO + President DATE 3/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MOUDY, MARLIN 2501 S.E. AVIATION WAY STUART FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, CEO + President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Serge Feller 4225 Ingraham Hwy Miami FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MOUDY, PATRICIA 2501 S.E. AVIATION WAY STUART FL 34996 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James W. Korth 3575 Stewart Ave Miami FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: S Feller DATE 03/07/00 Daytime Phone # 3056685119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)