

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-22-2002 90110 011 ***61.25

DOCUMENT # N93000004090

1. Entity Name

ONE ARM BANDITS, INC.

Principal Place of Business

Mailing Address

9470 SW 31 TERR
MIAMI FL 331659470 SW 31 TERR
MIAMI FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0448963

Applied For

☒ Not Applicable5. 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

ROSARIO, VICTOR
9470 SW 31 TERR
MIAMI FL 33165

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

*Victor Rosario**VICTOR ROSARIO**Feb. 7, 2002*

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSARIO, VICTOR	
STREET ADDRESS	9470 SW 31 TERR	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	PRESIDENT/FOUNDER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	BEWSEY, PATRICIA M	
STREET ADDRESS	138-A WEYBRIDGE CIRCLE	
CITY-ST-ZIP	ROYAL PALM BEACH FL	

TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	CARRASQUILLO, ROSA	
STREET ADDRESS	7141 SW 13 TERR	
CITY-ST-ZIP	MIAMI FL 33144	

TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JONES, ROSCOE	
STREET ADDRESS	20780 NW 41 AVE. RD.	
CITY-ST-ZIP	MIAMI FL 33055	

TITLE	MR. Gustavo Berdugo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13700 S.W. 62ND ST. #112	
STREET ADDRESS	MIAMI, FL. 33183 (Treasurer)	
CITY-ST-ZIP		

TITLE	VPM	<input type="checkbox"/> Delete
NAME	CORDERO, MARVIN	
STREET ADDRESS	15211 MENTEITH PLACE	
CITY-ST-ZIP	MIAMI LAKES FL 33016	

TITLE	Vice President Marketing	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	BDSO	<input type="checkbox"/> Delete
NAME	BERNARD, PH.D., BRUCKER S	
STREET ADDRESS	1617 S.E. 12TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	

TITLE	Team Psychologist and Boardmember	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Victor Rosario REQUISITE*Feb. 7, 2002**(305) 552-1494*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)