

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004852**

1. Entity Name

ONE WORLD ADOPTION SERVICES, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90047 018 ****61.25

Principal Place of Business

1030 S FEDERAL HWY
SUITE 100
HOLLYWOOD FL 33020-6026
US

Mailing Address

1030 S FEDERAL HWY
SUITE 100
HOLLYWOOD FL 33020-6026
US

011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0619159

Applied For

Not Applied

Zip

Country

Zip

Country

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

KASKY, ROBERT A
2830 FAIRWAY DR.
HOLLYWOOD FL 33021

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 \$61.259. 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 ☐ Delete
NAME **D**
STREET ADDRESS **JORDAK, RICHARD R.**
CITY-ST-ZIP **9680 ENCHANTED POINTE LANE**
BOCA RATON FLTITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **KASKY, JEFFREY A**
CITY-ST-ZIP **1030 S. FEDERAL HWY., #200**
HOLLYWOOD FL 33020TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **KASKY, ROBERT A**
CITY-ST-ZIP **2830 FAIRWAY DR.**
HOLLYWOOD FLTITLE ☐ Delete
NAME **D**
STREET ADDRESS **DANZANSKY, CAROLYN**
CITY-ST-ZIP **3802 NE 207TH ST., APT #201**
AVENTURA FLTITLE ☐ Delete
NAME **D**
STREET ADDRESS **KAHAN, DAVID**
CITY-ST-ZIP **2699 STIRLING RD., SUITE B-100**
FT LAUDERDALE FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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)(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:

1-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-00

Date

954-922-2367

Daytime Phone #