

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004852

1. Entity Name

ONE WORLD ADOPTION SERVICES, INC.

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

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

65-0619159

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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	<input type="checkbox"/> Delete
D	JORDAK, RICHARD R.	9680 ENCHANTED POINTE LANE	BOCA RATON FL	<input type="checkbox"/>
DVS	KASKY, JEFFREY A	1030 S. FEDERAL HWY., #200	HOLLYWOOD FL 33020	<input type="checkbox"/>
DPT	KASKY, ROBERT A	2830 FAIRWAY DR.	HOLLYWOOD FL	<input type="checkbox"/>
D	DANZANSKY, CAROLYN	3802 NE 207TH ST., APT #201	AVENTURA FL	<input type="checkbox"/>
D	KAHAN, DAVID	2699 STIRLING RD., SUITE B-100	FT LAUDERDALE FL	<input type="checkbox"/>

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

CR2E037 (4/02)

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 reports 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: **SIGNATURE REQUIRED**

FILED  
Jul 24, 2002 8:00 am  
Secretary of State

07-24-2002 90137 001 \*\*\*\*61.25

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