

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # **P00000012409**

1. Entity Name
ONEAMERICA Property Services, Inc.

FILED
01 JUN 25 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business
8360 W. FLAGLER ST.
Suite, Apt. #, etc.
Suite #104
City & State
MIAMI, FL 3
Zip
33144 Country
USA

3. Mailing Address
8360 W. FLAGLER ST.
Suite, Apt. #, etc.
Suite #104
City & State
MIAMI, FL
Zip
33144 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0978590

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
IVONNE MUNOZ
8360 W. FLAGLER ST. #104
MIAMI, FL 33144

7. Name and Address of New Registered Agent
Name
ARMANDO MARTIN
Street Address (P.O. Box Number is Not Acceptable)
8360 W. FLAGLER ST.
Suite #104
City
MIAMI, FL Zip Code
33144

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 **Armando Martin** DATE **6-18-01**
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. ☐ (See criteria on back)

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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT, VP, S, T, D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARMANDO MARTIN		NAME	
STREET ADDRESS 8360 W. FLAGLER ST. #104		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33144		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **Armando Martin President** DATE **6-18-01** DAYTIME PHONE # **305-554-0107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 6-18-01

2012

FL. DEPARTMENT OF STATE
ANNUAL REPORT

PER OUR CONVERSATION PLEASE CHECK YOUR RECORDS THAT MY
CORPORATION ONE AMERICA Property Services, Inc.

DOCUMENT # P00000012409

NEVER RECEIVED THE ANNUAL REPORT THIS YEAR. PLEASE ACCEPT OUR
PAYMENT WITHOUT PENALTY DUE TO THAT WE NEVER RECEIVED THE
REPORT.

THANKING YOU IN ADVANCE

Armando Martin
SIGNATURE

President / ARMANDO MARTIN
PRINT NAME/ TITLE