

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038082

1. Entity Name  
**ONE STOP MULTISERVICES INC.**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90134 040 \*\*\*150.00

Principal Place of Business

633 NE 167TH ST  
STE 304  
N MIAMI BEACH FL 33162

Mailing Address

633 NE 167TH ST  
STE 304  
N MIAMI BEACH FL 33162

2. Principal Place of Business

P.O. Box 900612  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 900612  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD FL

City & State

HOMESTEAD FL

4. FEI Number

65-1030942

Applied For

Not Applicable

Zip

33090-0612

Country

USA

Zip

33090-0612

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERRY, GUYLENE C  
633 NE 167TH ST  
STE 304  
N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

*Guylene C. Berry*  
Signature, typewritten or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

04-25-01

DATE

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BERRY, GUYLENE C	
STREET ADDRESS	633 NE 167TH ST SUITE 304	
CITY-ST-ZIP	N MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(c), 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:

*Guylene C. Berry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

04-25-01 (305) 258-7629

Daytime Phone #

CR2E034 (10/00)