

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90173 020 ***150.00

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DOCUMENT # P00000081761

1. Entity Name
ONE STOP PERMIT SHOP, INCORPORATED



Principal Place of Business
2855 LEONARD DR. #H105
AVENTURA FL 33160

Mailing Address
2855 LEONARD DR. #H105
AVENTURA FL 33160



2. Principal Place of Business

3660 SW 60 TERR
Suite, Apt. #, etc.

3. Mailing Address

3660 SW 60 TERR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DAVIE, FL

Zip **33314** **Country** **Broward**

City & State
DAVIE, FL

Zip **33314** **Country** **Broward**

4. FEI Number **65-1035675**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KAHN, BARBARA KAY
2855 LEONARD DR. #H105
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name **BARBARA KAY KAHN**
Street Address (P.O. Box Number is Not Acceptable) **3660 SW 60 TERR**
City **DAVIE** **FL** **Zip** **33314**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KAHN, BARBARA KAY	
STREET ADDRESS	2855 LEONARD DR. #H105	
CITY-ST-ZIP	AVENTURA FL 33160	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA KAY KAHN	
STREET ADDRESS	3660 SW 60 TERR	
CITY-ST-ZIP	DAVIE, FL 33314	
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		
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		

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 607, 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: *Barbara Kay Kahn* **DAVIE, FL 33314** **Barbara Kay Kahn** **11/15/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 583 6714

CR2E034 (10/02)