

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098365

1. Name

ONE FINANCIAL PLAZA DELI, INC.

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

02-01-2001 90184 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE FINANCIAL PLAZA, STE. 500 FT. LAUDERDALE FL 33394	Mailing Address ONE FINANCIAL PLAZA, STE. 500 FT. LAUDERDALE FL 33394
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0629387</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent

FL TAX MAN, INC.  
 JEFFREY A. SCHNELDER  
 4944 N. UNIVERSITY DR.  
 LAUDERHILL FL 33351-5748

7. Name and Address of New Registered Agent

Name: **Gilbert Wolfe**  
 Street Address (P.O. Box Number is Not Acceptable): **ONE FINANCIAL PLAZA Ste 500**  
 City: **Ft. Lauderdale** FL Zip Code: **33394**

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: *Gilbert Wolfe Pres* DATE: 1-17-2001

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, 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	<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 checked="" type="checkbox"/> Addition
NAME	<b>P/S/O Gilbert Wolfe</b>
STREET ADDRESS	<b>ONE FINANCIAL PLAZA Ste 500</b>
CITY-ST-ZIP	<b>Ft Lauderdale, FL 33394</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V/P/S/O Leslie Bard</b>
STREET ADDRESS	<b>ONE FINANCIAL PLAZA Ste 501</b>
CITY-ST-ZIP	<b>Ft Lauderdale, FL 33394</b>
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	

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: *Gilbert Wolfe Pres* DATE: 1-17-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)