

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State

05-15-2002 90043 033 ***163.75

DOCUMENT # P01000069202

1. Entity Name
O.N.E. SECURITIES INC.

Principal Place of Business
4255 N UNIVERSITY DR BLDG 8-306
SUNRISE FL 33351

Mailing Address
4255 N UNIVERSITY DR BLDG 8-306
SUNRISE FL 33351

91789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6919 W. BROWNS BLVD

3. Mailing Address
6919 W. BROWNS BLVD

Suite, Apt. #, etc.
264

Suite, Apt. #, etc.
264

City & State
PLANTATION FL

City & State
PLANTATION FL

4. FEI Number
65-1123222

Applied For
☐ Not Applicable

Zip
33317

Country
FLORIDA

Zip
33317

Country
FLORIDA

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

6. Name and Address of Current Registered Agent

EDWARDS, OWEN N
4255 N UNIVERSITY DR BLDG 8-306
SUNRISE FL 33351

Name **OWEN N. EDWARDS**

Street Address (B.O. Box Number is Not Acceptable)
621 PENNSYLVANIA AVE

City **FORT LAUDERDALE FL** Zip Code **33312**

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 *Owen N. Edwards*

DATE **4-24-02**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	OWEN N. EDWARDS	621 PENNSYLVANIA AVE	FT LAUDERDALE FL 33312	<input checked="" type="checkbox"/> INITIALS (ONE)
PRESIDENT	OWEN N. EDWARDS	621 PENNSYLVANIA AVE	FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Owen N. Edwards*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-24-02**

DAYTIME PHONE **(954) 448-2859**

CR2E034 (9/01)