2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000090075

1. Entity Name

ONE-ST	EP LIEN SEARCH, INC.				01-09-2003 90014 013 ***150.00				
Principal Place of Business 2510 W. 56 ST., #2406 HIALEAH FL 33016		Mailing Address PO BOX 160852 HIALEAH FL 33016							
2. Principal	Place of Business	3. Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-1136977	<u>.</u>		pplied For ot Applicable	e
Zip Country		Zip	Coun	try	5. Certificate of Status Desired S8.75 Addition Fee Required			dítional	1
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					コ
RAMOS, IVAN				Name	,				-
2510 W. 56 ST., #2406			ĺ	Street Address	t Address (P.O. Box Number is Not Acceptable)				ᅱ
HIALEAH FL 33016									-
				City		FL	Zip Coo	le	4
8. The abov	e named entity submits this statemen	t for the purpose of changing	its registere	d office or registe	ered agent, or both, in the State of Florida.		iliar with	and accept	4
the obliga	ations of registered agent.		Ü	ŭ		, carringari		and accept	
SIGNATURE	Signature, hunged or printed power of a sixty of a								
	Signature, typed or printed name of registered ag	and title if applicable. (N	OTE: Registered	Agent signature require	d when reinstating)	DATE			
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 ok Payable to Florida Department				Election Campaign Financir Trust Fund Contribution.	ng 🗆	\$5.0 Added	0 May Be to Fees	
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICER:	S AND DIE	RECTOR	S IN 11	\dashv
TITLE	D	☐ Delete	TITLE				Change	Addition	7
NAME STREET ADDRESS	RAMOS, IVAN 2510 W. 56 ST., #2406	US, IVAN NW 56 ST #2406							
CITY-ST-ZIP	HIALEAH FL 33016			T ADDRESS ST-ZIP					
TITLE	VP	☐ Delete	TITLE	-			Change	Addition	-
NAME	DIAZ, MORAYMA		NAME				Onlange	Addition	?
STREET ADDRESS CITY-ST-ZIP	2510 W. 56 ST., #2406			T ADDRESS					
	HIALEAH FL 33016			ST-ZIP					╛
TITLE		☐ Delete	TITLE				Change	Addition	
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CITY-ST-ZIP			CITY-S	ADDRESS T-ZIP					
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NAME			NAME	1		_			
STREET ADDRESS CITY-ST-ZIP				ADDRESS					
OTT TO TAKE	ı		CITY-S	.1-7P I					1

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

☐ Delete

1/6/03 305-822-997

Change

☐ Addition

FILED

Jan 09, 2003 8:00 am Secretary of State