

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91780 002 ***150.00

DOCUMENT # P02000016177					
1. Entity Name ADMINISTRATORS ONE INC.					
Principal Place of Business 301 S.W. 135 AVENUE MIAMI, FL 33184			Mailing Address 301 S.W. 135 AVENUE MIAMI, FL 33184		
2. Principal Place of Business 301 S.W. 135th Avenue			3. Mailing Address 301 S.W. 135th Avenue		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, Florida			City & State Miami, Florida		
Zip 33184		Country USA	Zip 33184		Country USA
4. Name and Address of Current Registered Agent FUENTES, FRANCISCO I 301 S.W. 135 AVENUE MIAMI, FL 33184			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State FL			State FL		
Zip Code			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. 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 amending)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P FUENTES, FRANCISCO I ☐ Delete				
NAME					
STREET ADDRESS	301 S.W. 135 AVENUE				
CITY-ST-ZIP	MIAMI, FL 33184				
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	☐ Change ☐ 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)(1), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR					

11041299



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0656783

Applied For
Not Applicable

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

CPRE034 (10/02)

4/25/03 786-208-2806