

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90368 034 ***158.75

DOCUMENT # P02000069090

1. Entity Name
ADONIS ONE, INC.



Principal Place of Business
**3610 N. 56TH AVENUE, APT 206
HLWD FL 33021**

Mailing Address
**3610 N. 56TH AVENUE, APT 206
HLWD FL 33021**

10012766



2. Principal Place of Business
1411 N. 72 Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 840544
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Hollywood, FL

City & State
Pembroke Pines, FL

4. FFL Number
13-4208153

Applied For
☐ Not Applicable

Zip
33024

Country
US

Zip
33084

Country
US

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

6. Name and Address of Current Registered Agent

**ALBARRAN, ROSALINE
3610 N. 56TH AVENUE, APT 206
HLWD FL 33021**

7. Name and Address of New Registered Agent

Name **Rosaline Albarran**
Street Address (P.O. Box Number is Not Acceptable)
1411 N. 72 Avenue
City **Hollywood** **FL** Zip Code **33024**

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 **Rosaline Albarran**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-23-03
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
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **ALBARRAN, ROSALINE**
STREET ADDRESS **3610 N. 56TH AVENUE, APT 206**
CITY-ST-ZIP **HLWD FL 33021**

TITLE **VPSD** ☒ Delete
NAME **GALLERANI, TABITHA J**
STREET ADDRESS **3610 N. 56TH AVENUE, APT 206**
CITY-ST-ZIP **HLWD FL 33021**

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 **VPSD** ☒ Change ☒ Addition
NAME **Mirna I. Bermudez**
STREET ADDRESS **1411 N. 72 Ave.**
CITY-ST-ZIP **Hollywood, FL 33024**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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: **Rosaline Albarran**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03 954 547-0476
Date Daytime Phone #

CR2E034 (10/02)