

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

ATX1

DOCUMENT #	P02000125743
Entity Name	ONE WAY LAMINATES, INC.

FILED  
04 NOV 29 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1979 PARK RD Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State PEMBROKE PARK, FL		City & State	
Zip 33009	Country	Zip	Country

4. FEI Number 01-0755576	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name RUBIEL RIVERON	
Street Address (P.O. Box Number is Not Acceptable) 1979 PARK RD	
City PEMBROKE PARK, FL. 33009	Zip Code FL

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 reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RUBIEL RIVERON 1979 PARK RD PEMBOKE PARK, FL. 33009	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300043046523 1/29/04-01066-005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-04

**One Way Laminates, Inc.**

1979 South Park Rd #F4  
Pembroke Park, FL 33009

November 23, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Reinstatement Division

Ref: Document #: P02000125743

Dear Sir or Madam:

We are paying \$150.00 for the annual fee of our corporation.

We would like to respectfully ask you to please reinstate our corporation and wave the \$400 penalty since we did not receive the notice of the annual report and further correspondence. This was probably due to the fact the letter never made it to our office since we have moved to the address listed above. Also, This was the first year I operated a corporation, I was un-aware of the requirements, which now I am familiar with.

We apologize for any inconvenience this has caused and would like to thank you ahead of time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rubiel Riveron', with a stylized flourish at the end.

Rubiel Riveron  
President