

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90355 023 ***150.00

DOCUMENT # P95000006177

1. Entity Name

ONE WITH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

565 NW 98TH AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION FL

City & State

4. FEI Number

650548719

Applied For

Not Applicable

Zip
33324-4955

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RONALD SEIDERMAN

Street Address (P.O. Box Number is Not Acceptable)

565 NW 98TH AVENUE

City

PLANTATION

FL

Zip Code

33324-4955

**DO NOT WRITE
IN THIS SPACE**

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

Ronald Seiderman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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
PSD
RONALD SEIDERMAN
565 NW 98TH AVENUE
PLANTATION, FL 33324-4955

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPTD
JACQUELINE SEIDERMAN
565 NW 98TH AVENUE
PLANTATION, FL 33324-4955

TITLE
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STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald Seiderman

RONALD SEIDERMAN

04/24/02 (954) 475-3181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #