

**AMENDED
2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #P95000073043

1. Entity Name
ONCE A YEAR, INC.

FILED

00 SEP 26 AM 11:01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**8355 S.W. 78 St.
Miami, FL 33143**

Mailing Address
**11944 S.W. 99 Terr.
Miami, FL 33186**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number
65-0610204

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DEBORAH GARCIA
11944 S.W. 99 TERRACE
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name **JOHNNY MARTINEZ**

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

19433 S.W. 137 Avenue

City **Miami** **FL** Zip Code **33177**

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  **Johnny Martinez** **09/13/00**
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 **DIRECTOR** ☒ Delete
NAME **DEBORAH GARCIA**
STREET ADDRESS **11944 S.W. 99 TERRACE**
CITY- ST- ZIP **MIAMI, FL 33186**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR/PRESIDENT** ☐ Change ☒ Addition
NAME **JOHNNY MARTINEZ**
STREET ADDRESS **19433 S.W. 137 AVE.**
CITY- ST- ZIP **MIAMI, FL 33177**

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

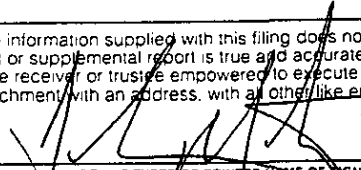
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Johnny Martinez** **09/13/00- (305)**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)