## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \( \)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** DOCUMENT # P95000085281 May 30, 2000 8:00 am 1. Entity Name Secretary of State FOR YOU ONLY, INC. 05-30-2000 90080 002 \*\*\*150.00 Principal Place of Business Mailing Address 290 191 ST. 290 191 ST. SUNNY ISLES FL 33160 SUNNY ISLES FL 33160 2. Principal Place of Business 3. Mailing Address 4500 BELVEDERE RD <u>5783 E</u>LMHURST RD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE Applied For City & State 4. FEI Number 65-0620595 UEST PALM Not Applicable HAYERHILL \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MAX, KARL H Street Address (P.O. Box Number is Not Acceptable) 5783 ELMHURSTR 290 N. BAY-ROAD, #606 WPB FL. MIAMI BEACH FL-33160-33417 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. ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PTSD** TITI F ☐ Delete TITLE 5783 ELMHURST RD. WEST PALM BEACH, FL. 3341 NAME NAME MAX. KARL H STREET ADDRESS STREET ADDRESS 17011 N. BAY ROAD, #606 CITY-ST-ZIP CITY-ST-ZIP MIAMI-BEACH-FL-TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.