2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P96000078595 Jul 21, 2000 8:00 am 1. Entity Name MAINE ONE, INC. **Secretary of State** 07-21-2000 90160 001 ***150.00 Principal Place of Business Mailing Address 2811 SOUTHWEST 87 TERRACE, SUITE 1210 2811 SOUTHWEST 87 TERRACE, SUITE 1210 FT. LAUDERDALE FL 33328 FT. LAUDERDALE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0697133 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE Change ☐ Addition Delete TITLE NAME MAINE, CHARLES E NAME STREET ADDRESS STREET ADDRESS 2811 SOUTHWEST 87 TERRACE, SUITE 1210 CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33328 Addition TITLE ☐ Change TITLE ☐ Delete MAINE, ROSE M NAME STREET ADDRESS 2811 SOUTHWEST 87 TERRACE, SUITE 1210 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33328 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITI F NAME 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-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 trystee 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.

7.1600

16000078595

July 17, 2000

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

To Whom It May Concern:

On July 7, 2000 we received a second notice from your office in regard to filing a 2000 Uniform business report. This was actually the first notice received. I called your office and spoke with a Ms. Lorie B. She advised me to write a note explaining the sitution and remit my check for the original filing fee of \$150.00.

Enclosed please find a check for the above filing fee. If you have any questions or need additional information please contact me, daytime telephone (954) 370-6505 or home (954) 473-6310.

Thank you

Rose (Morgan) Maine

Maine One, Inc.

2811 S.W.87th Terrace #1210

Name

Davie, FL 33328

Enclosure (1).

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