## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000094694

ONE AMERICA TRADING, INC.

## FILED Jan 25, 2000 8:00 am Secretary of State

}						01-2	25-2000 9002	24 051 **	*150.00	
Principal Plac	e of Business	Mailing Address								
13525 N.W. 7TH ST PLANTATION FL 33325		13525 N.W. 7TH ST PLANTATION FL 33325-6160			Ì					
l						1 (44)(44) (2)	Luchia anku arku zak	IZ <b>Ba</b> tul <b>Ba</b> til <b>a</b> ta	ial <b>Badas d</b> ari <b>a</b> i	ANN ANAN HRAN
2. Principal P	lace of Business	3. Mailing Address				) ( <b>58</b> ) (58) (1)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	4. FEI Number 65-0709066			Applied For	
Zip	- Country-	Zip Country		try	5.	5. Certificate of Status Desired			\$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			7.	Name and A	dress of New F	Registered /	Agent	
				Name		_				
1352	IN, JOSHUA 25 N.W. 7TH ST			Street Address (P.O. Box Number is Not Acceptable)						
PLAM	NTATION FL 33325									
	.*			City	<del>-</del> -			FL	Zip Cod	le
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or regi	istered ag	ent, or both,	in the State of Flo	orida.		
SIGNATURE .	Signature, typed or printed name of registered agent an	d titla if applicable (NOT	E. Bogistage	d Agent signature rec	wind when a	ount (Fine)		DATE		
		<del>-</del>			dured when to	T		DATE		
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.  ia on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta					on Campaign Fir Fund Contributio			00 May Be to Fees
11.	OFFICERS AND D		12.			DITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
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NAME Street address	BOLIN, JOSHUA		NAME	ET ADDRESS				ē		
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NAME	BOLIN, SHELIA		NAME							
STREET ADDRESS	13525 N.W. 7TH ST PLANTATION FL 33325			ET ADDRESS ST-ZIP		~ <del></del> .		_		
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	a sife about the information of the first of the	at at the same and the same at		ST-ZIP		440.07.00.00				
indicated of the corr	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee emocy.	us uling does not quality for rue and accurate and that n	the exen ny signati	nption stated in ure shall have to	n Section in the same in	r 19.07(3)(i), F legal effect as	norida Statutes.  If made under o	trurther cert	iny that the in m an officer	or director

SIGNATURE: