

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094694

1. Entity Name

ONE AMERICA TRADING, INC.

Principal Place of Business

Mailing Address

13525 N.W. 7TH ST
PLANTATION FL 33325

13525 N.W. 7TH ST
PLANTATION FL 33325

2. Principal Place of Business

4652 N. HIATUS ROAD

3. Mailing Address

13525 NW 7th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise FL

City & State

Plantation FL

Zip

33351

Country

USA

Zip

33325

Country

USA

4. FEI Number

65-0709066

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLIN, JOSHUA
13525 N.W. 7TH ST
PLANTATION FL 33325

7. Name and Address of New Registered Agent

Name

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

City

FL

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

[Signature]

President

01/03/01

Signature, typed or printed name of registered agent and title 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, 2001 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 PD
NAME BOLIN, JOSHUA
STREET ADDRESS 13525 N.W. 7TH ST
CITY-ST-ZIP PLANTATION FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/01

Date

954-747-4818

Daytime Phone #

CR2E034 (10/00)

0270261

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90088 019 ***158.75



DO NOT WRITE IN THIS SPACE