

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000008663

1. Entity Name

CENTRAL ONE, INC.

FILED

Feb 26, 2000 8:00 am  
Secretary of State

02-26-2000 90037 025 \*\*\*150.00

Principal Place of Business  
6251-A PARK OF COMMERCE BLVD., N.W.  
BOCA RATON FL 33847

Mailing Address  
6251-A PARK OF COMMERCE BLVD., N.W.  
BOCA RATON FL 33487-8232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

KATZ, SHELDON  
6251 A PARK OF COMMERCE BLVD NW  
BOCA RATON FL 33487

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, 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, 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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	KATZ, SHELDON	6251-A PARK OF COMMERCE BLVD., N.W.	BOCA RATON FL 33847	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	UNGERER, SCOTT	6251-A PARK OF COMMERCE BLVD., N.W.	BOCA RATON FL 33847	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	DENINO, MARK	6251-A PARK OF COMMERCE BLVD., N.W.	BOCA RATON FL 33847	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Central One, Inc.  
Linda Luisi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/00

561 998-1830

CR2E034 (9/99)