2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000008663**

1. Entity Name

CENTRAL ONE, INC.

Principal Place of Business

6251-A PARK OF COMMERCE BLVD.. N.W.
6251-A PARK OF COMMERCE BLVD.. N.W.
BOCA RATON FL 33847

2. Principal Place of Business

3. Mailing Address

Suite Apt. # etc.

Suite Apt. # etc.

FILED Feb 26, 2000 8:00 am Secretary of State

02-26-2000 90037 025 ***150.00



DO NOT WRITE IN THIS SPACE

City & State			Suite, Apr. #, etc.				DO NOT WAITE IN THIS SPACE					
			City & State			4. F	El Number	NOT AP	PLICABLE		pplied For lot Applicable	
Zip	Zip Country Zip			Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent						7. 1	lame and Ac	idress of Ne	w Registered	Agent		
					Name							
KATZ, SHELDON 6251 A PARK OF COMMERCE BLVD NW					Street Address (P.O. Box Number is Not Acceptable)							
												BOC
				-	City			•	F	Zip Cod	e	
8. The above	named entit	y submits this statement for th	ne purpose of changing its	registered	office or regis	tered ag	ent, or both, i	n the State o	Florida			
		•		-	-							
SIGNATURE .										<u> </u>		
0.0.0.0	Signature, typed	or printed name of registered agent and	title if applicable (NOTE	E: Registered A	gent signature requi	ired when re	einstating)		DATE			
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! F					\$150.00		10 Flection	on Campaior	Financing	\$5.0	00 May Be	
Tax filing requirement and elects to do so. After MAY 1, 2000							10. Election Campaign Financing Trust Fund Contribution.				d to Fees	
(See criter	ria on back)		Make Check Payab		artment of S					 		
11.		OFFICERS AND DI		12.	1	AD	DITIONS/CH	IANGES TO	OFFICERS AN	ND DIRECTOR		
TITLE	D D	IEI DON	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	KATZ, SH	IELDON ARK OF COMMERCE BLV	n nw	NAME STREET	ADDRESS							
CITY-ST-ZIP		ATIN OF COMMERCE DEV ATON FL 33847	D., 14.44.	CITY-ST								
TITLE	D	TON I E 30047	☐ Delete	TITLE				•		☐ Change	Addition	
NAME	UNGERE	R, SCOTT	□ Delete	NAME								
STREET ADDRESS		ARK OF COMMERCE BLV	D., N.W.	STREET	ADDRESS							
CITY-ST-ZIP		TON FL 33847		CITY-ST	- ZIP							
TITLE	.D		☐ Delete	TITLE			-			☐ Change	Addition	
NAME	DENINO,			NAME								
STREET ADDRESS		ARK OF COMMERCE BLV	D., N.W.		ADDRESS							
CITY-ST-ZIP	BOCA RA	ATON FL 33847		CITY-ST	ZIP							
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	ļ				ADDRESS							
CITY-ST-ZIP				CITY-ST								
TITLE	-11 -7	· ·	Delete	TITLE						☐ Change	Addition	
NAME	#			NAME								
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CITY-ST-ZIP				CITY-ST	- ZIP							
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition	
NAME				NAME								
STREET ADDRESS CITY-ST-ZIP				STREET CITY-ST	ADDRESS							
	- 416 (316 - 2 - 21-		in filtra alana mat musefit far			Contina	110.07/2\/:\	Elorido Statut	on I further o	ortify that the	information	
13. Thereby of	certify that th	e information supplied with th	is filing does not qualify for	r the exemp	otion stated in	Section	19.07 <u>(3)(1)</u> ,	⊢iorida Statut	es i turther c	ertity that the	mormation	

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:

ntral One Inc.

Linda Lu

GNATURE AND TYPEQ ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

561 998-1830

Daytime Phone #