

2000 UNIFORM BUSINESS (UBR)

10f2

DOCUMENT # **997000011564**

1. Entity Name

ROUND ONE, INC.

FILED

00 OCT 30 AM 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2840 NW 2nd Ave.
Boca Raton, FL
33431

Mailing Address

2840 NW 2nd Ave.
Boca Raton, FL
33431

2. Principal Place of Business

1538 NW 1st Avenue

Suite, Apt. #, etc.

3. Mailing Address

1538 NW 1st Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

4. FEI Number

65-0834650

Applied For

Not Applicable

Zip
33431

Country
USA

Zip
33431

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Thomas P. Fiore, President
1538 NW 1st Avenue
Boca Raton, FL 33431

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 Thomas P. Fiore

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10-12-00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 President ☐ Delete
NAME Thomas P. Fiore
STREET ADDRESS 1538 NW 1st Avenue
CITY-ST-ZIP Boca Raton, FL 33431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: Thomas P. Fiore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-362-8938

10-12-00

KE

CR2E034 (5/00)

-Do Not Detach-

PG 2

ROUND ONE, INC.

1538 NW 1st Avenue
Boca Raton, Florida 33431
Telephone: (561) 362-8938
Facsimile: (561) 362-8957

October 13, 2000

VIA U.S. MAIL ONLY

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Reinstatement Fee/FEI 65-0834650

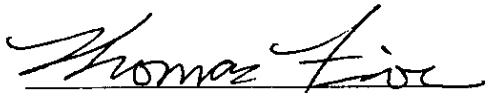
To Whom It May Concern:

Please allow this letter to serve as a request to accept the enclosed check as payment for my Annual Business Report. I recently relocated, and did not receive my renewal notice in the mail. Therefore, I missed the deadline. I would greatly appreciate you overlooking my tardiness, and accept the enclosed report and check to reinstate the corporation.

If you have any questions regarding the above, please do not hesitate to contact me at the above number.

Sincerely,

ROUND ONE, INC.


By: Thomas P. Fiore, President

TPF:gmr
Encl.