## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNED LOSE A

City & State

Zip

1241 S.W. 136TH PLACE

P98000008411

Mailing Address

MIAMI FL 33184

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1241 S.W. 136TH PLACE

1. Entity Name

MIAMI FL 33184

ONE WAY AMUSEMENT, INC.

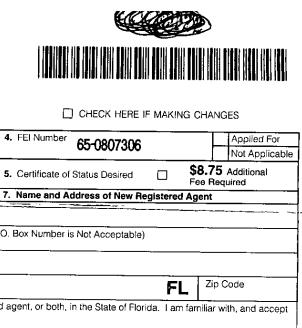
Country

6. Name and Address of Current Registered Agent



Feb 20, 2003 8:00 am
Secretary of State
02-20-2003 90133 029 ***150.00

FILED



) SIGLEN, JUSE A							
1241 S.W. 136TH PLACE	Street Address	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33184			·	·- <u>-</u> -	_		
		City		FL			
The above named entity submits this statement for the pure the obligations of registered agent.  SIGNATURE	oose of changing its regis	stered office or registe	red agent, or both, in the Sta	te of Florida. I am fa	miliar with, a	and accept	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campa Trust Fund Con		<b>\$5.0</b> (Added	O May Be to Fees	
	OFFICERS AND DIRECTORS 11. AE			DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD \$  NAME SIGLER, JOSE A  STREET ADDRESS 1241 S.W. 136TH PLACE  CITY-ST-ZIP MIAMI FL 33184	- 1000	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. ST CI	TLE AME IREET ADDRESS ITY-ST-ZIP			Change	Addition	
12. I hereby certify that the information supplied with this filing	does not qualify for the ex	xemption stated in Sec	tion 110 07/3)(i) Florido Stat	hitan I fiveline and f	41-141-17		

Country

Name

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 changed, or on an attachment with a paddress with all other like empowered.

SIGNATURE:

<del>Yae r</del>equired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)