

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000021837**

1. Entity Name

ONE FLAT RATE.COM, INC.

APPROVED
AND
FILED

RG-10p2

00 JUL 12 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

621 NE 52nd Terrace
Miami, FL 33137

621 NE 52nd Terrace
Miami, FL 33137

2. Principal Place of Business

621 NE 52nd Terr Miami FL

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33137

Country

USA

3. Mailing Address

621 NE 52nd Terr Miami FL

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33137

Country

USA

4. FEI Number

65-0817954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Douglas Stratton ESQ.
407 Lincoln Road
Suite 2AA
Miami Beach, FL 33139

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, 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

TITLE

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CITY-ST-ZIP

☐ Delete

P/D
Lyle Chariff
407 Lincoln Road Suite 2A
Miami Beach, FL 33139

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TITLE

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STREET ADDRESS
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CITY-ST-ZIP

P/D

Lyle Chariff

621 NE 52nd Terrace Miami, FL 33137

☒ Change ☐ Addition

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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:

Lyle Chariff president
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00
Date

305-776-7600
Daytime Phone #

CR2E034 (9/99)

Pg. 2 of 2

One Flat Rate. Com, Inc.

621 NE 52nd Terrace
Miami, FL. 33137

Phone: 305-776-7600

July 6, 2000

Division of Corporations
Attn: Michelle Milligan
PO Box 3627
Tallahassee, FL 32314

Dear Michelle,

As per our telephone conversation today, I am resending my Business Report in order to have it properly filled. If you recall I am only sending \$150.00 for the filling fee due to the previous error that your system showed for my mailing address. I am including copies of all e-mail that has been sent between your office and myself. This e-mail will document the fact that I am only supposed to send \$150.00 for the fees.

If you have any questions, please do hesitate to contact me at 305-776-7600

Sincerely,



Lyle Chariff
President