

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044106

1. Entity Name

ONESHOPDROP, CORP.

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

04-26-2000 90048 033 ***150.00

Principal Place of Business 1489 W. PALMETTO PARK ROAD SUITE 485 BOCA RATON FL 33486	Mailing Address 1489 W. PALMETTO PARK ROAD SUITE 485 BOCA RATON FL 33486-3327
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2. Principal Place of Business 2717 W. Cypress Creek Road Suite, Apt. #, etc.	3. Mailing Address 2717 W. Cypress Creek Road Suite, Apt. #, etc.
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City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
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Zip	Country	Zip	Country
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4. FEI Number 65-0841124	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CANTOR, SAMUEL J
1489 W. PALMETTO PARK ROAD
SUITE 485
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name
Cantor, Samuel J.
Street Address (P.O. Box Number is Not Acceptable)
6700 Broken Sound Parkway NW
Suite 200
City
Boca Raton FL Zip Code
33487

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, DAVID L 1489 W. PALMETTO PARK ROAD, SUITE 485 BOCA RATON FL 33486	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Philip Stickles 2717 W. Cypress Creek Road Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven G Rose 2717 W Cypress Creek Rd Ft Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christine Rogers 2717 W Cypress Creek Rd Ft Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00
Date

954 969 0658
Daytime Phone #