

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-26-2000 90048 033 \*\*\*150.00

**DOCUMENT # P98000044106**

1. Entity Name

**ONESHOPDROP, CORP.**

Principal Place of Business

Mailing Address

1489 W. PALMETTO PARK ROAD  
 SUITE 485  
 BOCA RATON FL 33486

1489 W. PALMETTO PARK ROAD  
 SUITE 485  
 BOCA RATON FL 33486-3327

2. Principal Place of Business

2717 W. Cypress Creek Road

3. Mailing Address

2717 W. Cypress Creek Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

4. FEI Number

65-0841124

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

**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	D	<input checked="" type="checkbox"/> Delete
NAME	PARKER, DAVID L	
STREET ADDRESS	1489 W. PALMETTO PARK ROAD, SUITE 485	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 Date

954 969 0658 Daytime Phone #

CF 104 2000