

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90080 001 ***150.00

DOCUMENT # P98000081029

1. Entity Name
ONE WAY INTERNATIONAL, INC.

Principal Place of Business Mailing Address

16565 NE 26 AVENUE #3J **16565 NE 26 AVENUE #3J**
NORTH MIAMI BEACH FL 33160 **NORTH MIAMI BEACH FL 33160-4035**

2. Principal Place of Business 3. Mailing Address

9001 - I NW 97 TERRACE **9001 - I NW 97 TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MEDLEY, FLORIDA **MEDLEY, FLORIDA**

Zip Country Zip Country

33178 **U.S.** **33178** **U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0864537 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, PEDRO E
16565 NE 26 AVENUE #3J
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name
GONZALEZ, PEDRO E.
 Street Address (P.O. Box Number is Not Acceptable)
9001 - I NW 97 TERRACE

City FL Zip Code
MEDLEY **33178**

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]* DATE **2-24-00**

Pedro E. Gonzalez, Registered Agent (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, PEDRO E 16565 NE 26 AVENUE #3J NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, PEDRO E. JR. 9001 - I NW 97 TERRACE MEDLEY, FLORIDA 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NODARSE, JUAN I 6005 EAST 4 AVENUE HALEAH FL 33013 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, OLGA A. 9001 - I NW 97 TERRACE MEDLEY, FLORIDA 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **2-24-00** (305) 887-2012

Pedro E. Gonzalez, Registered Agent Daytime Phone #

CR2E034 (9/99)