

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90074 030 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000088140

1. Entity Name

AMERICA ONE REAL ESTATE CORPORATION

Principal Place of Business

Mailing Address

2606 NORTH HABANA AVE.
TAMPA FL 33607

2606 NORTH HABANA AVE.
TAMPA FL 33607-2909

2. Principal Place of Business

3. Mailing Address

19823 GULF BLVD.

19823 GULF BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

SUITE C

City & State

City & State

INDIAN SHORES, FL

INDIAN SHORES, FL

Zip

Country

Zip

Country

33785

USA

33785

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAULA, MARCUS
2606 NORTH HABANA AVE.
TAMPA FL 33607

Name MARCUS PAULA

Street Address (P.O. Box Number is Not Acceptable)
19823-C GULF BLVD.

INDIAN SHORES, FL 33785

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

4-25-2000

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

<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D PAULA, MARCUS 2606 NORTH HABANA AVE. TAMPA FL 33607</p> <p>19823-C GULF BLVD. INDIAN SHORES, FL 33785</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PAULA, MARCUS 2606 NORTH HABANA AVE. TAMPA FL 33607</p>
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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

Date

Daytime Phone #

4-25-2000, 593-7802

CR2E034 (9/99)