

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059440

1. Entity Name

ONE PRICE MARKETING, INTERNATIONAL, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90044 043 ***150.00

Principal Place of Business

1943 UNIVERSITY DR.
CORAL SPRINGS FL 33071

Mailing Address

1943 UNIVERSITY DR.
CORAL SPRINGS FL 33071-6054

2. Principal Place of Business

18506 NE 5TH AVE

Suite, Apt. #, etc.

3. Mailing Address

18506 NE 5TH AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State NO MIAMI BEACH, FL		City & State NO MIAMI BEACH, FL		4. FEI Number 65-0942657	Applied For <input type="checkbox"/> Not Applicable
Zip 33179	Country DADE	Zip 33179	Country DADE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERNSTEIN, JOSEPH L 506 S.E. 8TH ST. FT. LAUDERDALE FL 33316		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS ROSENBLATT, SELMA B 1943 UNIVERSITY DR. CORAL SPRINGS FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2D ROSENBLATT, SELMA B. 18506 NE 5TH AVENUE NORTH MIAMI BEACH, FL 33179 <input checked="" 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	PD DRAUDT, ERIC 4051 SW 102 AVENUE DAVIE, FL 33328 <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	STD REINER, PAUL F. 18506 NE 5TH AVENUE NORTH MIAMI BEACH, FL 33179 <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	VD ANTHONY F. GONDOLA 9424 SW 53RD STREET COOPER CITY, FL 33328 <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	MD ROSENBLATT, IRVING 18506 NE 5TH AVENUE NORTH MIAMI BEACH, FL 33179 <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

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: Eric Draudt DATE: 03/01/00 DAYTIME PHONE: 305-249-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)