

2001 UNIFORM BUSINESS REPORT (UBR)

0220385

DOCUMENT # P99000082025

1. Entity Name
ONE-O-ONE GROUP OF MIAMI, INC.

FILED

01 MAY -1 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
14690 SW 171 TERRACE
MIAMI FL 33177

Mailing Address
14690 SW 171 TERRACE
MIAMI FL 33177



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0933235

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

ACOSTA-GIL, YECENIA
14690 SW 171 TERRACE
MIAMI FL 33177

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

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, 2001 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 PD
NAME ACOSTA-GIL, YECENIA
STREET ADDRESS 14690 SW 171 TERRACE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE P/D
NAME Romulo E. Vizla
STREET ADDRESS 14690 SW 171 Terr.
CITY-ST-ZIP Miami, FL 33177 ☒ Change ☐ Addition

TITLE VD
NAME VIZLA, ROMULO E
STREET ADDRESS 14690 SW 171 TERRACE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE VID
NAME Yecenia Acosta-Gil
STREET ADDRESS 14690 SW 171 Terr.
CITY-ST-ZIP Miami, FL 33177 ☒ Change ☐ Addition

TITLE SD
NAME CALAGNA, IGNAZIO
STREET ADDRESS 14690 SW 171 TERRACE
CITY-ST-ZIP MIAMI FL 33177 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004161889-05/08/01--01051--019
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 256-1016

CR2E034 (10/00)