

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088819

1. Entity Name

FIRST ONE TECHNOLOGY INC.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90006 025 ***150.00

Principal Place of Business	Mailing Address
NW 79TH AVE. FL 33122	2101 NW 79TH AVE. MIAMI FL 33122-1611

2. Principal Place of Business	3. Mailing Address
2103 NW 79 AVE	2103 NW 79 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
MIAMI, FLORIDA	MIAMI, FLORIDA
Zip	Zip
33122	33122
Country	Country
USA	USA

4. FEI Number	Applied For
65-0981990	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BUSINESS FILINGS 1 EAST BROWARD BLVD. SUITE 700 FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
Name
EDWARD CHENG
Street Address (P.O. Box Number is Not Acceptable)
2103 NW 79 AVE
City
MIAMI
FL
Zip Code
33122

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 <u>EDWARD CHENG</u>	DATE <u>4/27/00</u>
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <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	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUEZ, ROSA	NAME	MARQUEZ, ROSA
STREET ADDRESS	2101 NW 79TH AVE.	STREET ADDRESS	2103 NW 79 AVE
CITY-ST-ZIP	MIAMI FL 33122	CITY-ST-ZIP	MIAMI, FL 33122
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENG, EDWARD	NAME	CHENG, EDWARD
STREET ADDRESS	2101 NW 79TH AVE.	STREET ADDRESS	2103 NW 79 AVE
CITY-ST-ZIP	MIAMI FL 33122	CITY-ST-ZIP	MIAMI, FL 33122
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u>[Signature]</u>	DATE <u>4/27/00</u> (305) 500-9656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #

CR2E034 (9/99)