

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105491

1. Entity Name

ONE STOP BUSINESS SERVICES, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90050 045 ***150.00

Principal Place of Business

Mailing Address

~~369 GOLDSTONE COURT~~
~~LAKE MARY FL 32746~~

~~369 GOLDSTONE COURT~~
~~LAKE MARY FL 32746~~

948130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

430 E.SEMORAN BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

City & State
CASSELBERRY, FLORIDA

City & State

4. FEI Number

59-3612248

Applied For

Not Applicable

Zip
32707

Country
USA

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

MEDINA, ANA M
369 GOLDSTONE COURT
LAKE MARY FL 32746

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, 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 ☐ Delete
NAME D
STREET ADDRESS MEDINA, ANA M
CITY-ST-ZIP POST OFFICE BOX 520428 N/A
LONGWOOD FL 32752

TITLE ☐ Change ☒ Addition
NAME D - PRESIDENT

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D - TREASURER/SECRETARY
STREET ADDRESS ROBERTO MEDINA
CITY-ST-ZIP P.O. BOX 520428
LONGWOOD, FL 32752

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D - VICE PRESIDENT
STREET ADDRESS PEDRO AQUINO
CITY-ST-ZIP 430 E.SEMORAN BLVD, STE.104
CASSELBERRY, FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME D - ASSISTANT VP
STREET ADDRESS ELSA AQUINO
CITY-ST-ZIP 430 E.SEMORAN BLVD., STE.104
CASSELBERRY, FL 32707

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

407-834-4330
Daytime Phone #

CR2F034 (9/99)