

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42130

1. Entity Name

BASIC ONE, CORP.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90047 029 ***158.75

Principal Place of Business

9574 NW 41ST ST
MIAMI FL 33178
US

Mailing Address

9574 NW 41ST ST
MIAMI FL 33178-2913
US

2. Principal Place of Business

8005 NW 98 ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 402742

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIALEAH GARDENS

City & State

MIAMI BEACH FL

4. FEI Number

65-0252647

Applied For

Not Applicable

Zip

33016

Country

USA

Zip

33140-0742

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAVALCANTI, JACQUELINE
9574 NW 41ST ST
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

CAVALCANTI, JACQUELINE

Street Address (P.O. Box Number is Not Acceptable)

4596 ALTON RD

City

MIAMI BEACH

FL

Zip Code

33140

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

TITLE ☐ Delete
NAME PSD
STREET ADDRESS CAVALCANTI, JACQUELINE
CITY-ST-ZIP 4595 ALTON RD
MIAMI BEACH FL

TITLE ☐ Delete
NAME VP
STREET ADDRESS FERREIRA, SERGIO
CITY-ST-ZIP 4596 ALTON RD
MIAMI BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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

4-18-2000

Date

305/597.8893

Daytime Phone #

CR2E034 (9/99)