

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90252 037 ***150.00

DOCUMENT # J59534

1. Entity Name

ONYX E & S, INC.

Principal Place of Business

Mailing Address

560 N.W. 165TH STREET ROAD
 N. MIAMI FL 33169

P O BOX 693760
 MIAMI FL 33269-0760
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2775772

Applied For

Not Applicable

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

FRAYND, PAUL
560 N.W. 165TH STREET ROAD
X
N. MIAMI FL 33169

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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---|---|---|
| TITLE | DS <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAYND, SAUL | NAME | |
| STREET ADDRESS | 560 NW 165TH ST RD | STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | CITY-ST-ZIP | |
| TITLE | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAYND, PAUL | NAME | |
| STREET ADDRESS | 560 NW 165TH ST RD | STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAYND, FANNY | NAME | |
| STREET ADDRESS | 560 NW 165TH ST RD. | STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | CITY-ST-ZIP | |
| TITLE | CD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAYND, MARCOS | NAME | |
| STREET ADDRESS | 560 NW 165TH ST. RD | STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAYND, GLADYS | NAME | |
| STREET ADDRESS | 560 NW 165TH ST. RD. | STREET ADDRESS | |
| CITY-ST-ZIP | N. MIAMI FL | 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRAYND, PAUL

5/11/00 (305)945-9200 x2397
 Date Daytime Phone #

CR2E034 (9/99)