2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State
02-12-2002 90104 010 ***158.75

DOCUMENT # P95000015840

1. Entity Name
O.N.J. ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4400 N.W. 19TH AVE SUITE K POMPANO BEACH FL 33064	4400 N.W. 19TH AVE SUITE K POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
265 N. Hibiscus DR	625 N. Hibiscus DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach FL	City & State: Miami Beach, FL
Zip: 33139 Country: Dade	Zip: 33139 Country: Dade

4. FEI Number 65-0558078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIGHTINGALE, SHAWN
4400 N.W. 19TH AVE
SUITE K
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name: Shawn Nightingale
Street Address (P.O. Box Number is Not Acceptable): 265 N. Hibiscus DR
City: Miami Beach FL Zip Code: 33139

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: Shawn Nightingale DATE: 1.23.02
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
~~After May 1, 2002 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: P NAME: NIGHTINGALE, SHAWN STREET ADDRESS: 10530 N.W. 67 CT CITY-ST-ZIP: PARKLAND FL 33076	☐ Delete	TITLE: P NAME: Shawn Nightingale STREET ADDRESS: 265 N. Hibiscus DR CITY-ST-ZIP: Miami Beach, FL 33139	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: SHAWN NIGHTINGALE Shawn Nightingale 1/23/02 305 588 9674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)