

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

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

Mailing Address

**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

TITLE	DS	<input type="checkbox"/> Delete
NAME	FRAYND, SAUL	
STREET ADDRESS	560 NW 165TH ST RD	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FRAYND, PAUL	
STREET ADDRESS	560 NW 165TH ST RD	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRAYND, FANNY	
STREET ADDRESS	560 NW 165TH ST RD.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FRAYND, MARCOS	
STREET ADDRESS	560 NW 165TH ST. RD	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAYND, GLADYS	
STREET ADDRESS	560 NW 165TH ST. RD.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

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

Date

Daytime Phone #

5/1/00 (305) 945-9200 x2397

CR2E034 (9/99)