

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000014537

FILED  
Aug 16, 2003  
Secretary of State

Entity Name: ONI ENTERPRISES LLC

## Current Principal Place of Business:

1500 BAY RD., #918  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

1500 BAY RD., #246  
MIAMI BEACH, FL 33139

## Current Mailing Address:

1500 BAY RD., #918  
MIAMI BEACH, FL 33139

## New Mailing Address:

1500 BAY RD., #246  
MIAMI BEACH, FL 33139

FEI Number: 03-0511703

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ESCANDAR, VERONICA  
1500 BAY RD., #918  
MIAMI BEACH, FL 33139

## Name and Address of New Registered Agent:

ESCANDAR, VERONICA  
1500 BAY RD., #246  
MIAMI BEACH, FL 33139

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: ESCANDAR SILVIA VERONICA

08/16/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ESCANDAR, VERONICA  
Address: 1500 BAY RD., #918  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: LUPICA TONDO, FERNANDO  
Address: 1500 BAY RD., #246  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUPICA TONDO FERNANDO

MGRM

08/16/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date