

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 24 PM 3: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003078 AF

DOCUMENT # M98000000824

1. Entity Name
ONYX FLORIDA LLC

Principal Place of Business
3225 AVIATION AVENUE, 4TH FLOOR
MIAMI FL 33133

Mailing Address
3225 AVIATION AVENUE, 4TH FLOOR
MIAMI FL 33133-4741



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851639

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NATIONAL CORPORATE RESEARCH, LTD., INC.
1406 HAYS STREET, SUITE #2
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300003245239--4
-05/09/00--01097--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME GOURVENNEC, MICHEL
STREET ADDRESS 3225 AVIATION AVENUE, 4TH FLOOR
CITY- ST- ZIP MIAMI FL 33133

☐ Change ☐ Addition

TITLE MGR ☒ Delete
NAME DE SAINT-QUENTIN, AXEL
STREET ADDRESS 3225 AVIATION AVENUE, 4TH FLOOR
CITY- ST- ZIP MIAMI FL 33133

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME ENRIQUEZ, LEONARD N
STREET ADDRESS 3225 AVIATION AVENUE, 4TH FLOOR
CITY- ST- ZIP MIAMI FL 33133

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME TOWNSEND, STEVE H
STREET ADDRESS 3225 AVIATION AVENUE, 4TH FLOOR
CITY- ST- ZIP MIAMI FL 33133

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/26/00

Date

Daytime Phone #

CR2E083 (9/99)