

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2001 8:00 am
Secretary of State
 08-08-2001 90007 002 ****61.25

0016883

DOCUMENT # N00000002986

1. Entity Name

ONYX BOOK CLUB, INC.



Principal Place of Business

POST OFFICE BOX 2225
 MIAMI FL 33055

Mailing Address

POST OFFICE BOX 2225
 MIAMI FL 33055

2. Principal Place of Business

20353 NW 47th AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2225

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami, Fla

Zip
 33055

Country
 USA

City & State

Miami, Fla

Zip
 33055

Country
 USA

4. FEI Number

125-102-82-89

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CHEW, JACQUELYN E
 20353 N.W. 47TH AVENUE
 MIAMI FL 33055

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

Jacquelyn E. Chew *Onyx Book Club, Inc.*

(Signature, type or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

08-01-01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CHEW, JACQUELYN E 20353 N.W. 47TH AVENUE MIAMI FL 33055 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WYNN, JUANITA B 3425 S.W. 64TH AVENUE MIRAMAR FL 33023 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WEST, MAE 3350 THOMAS AVENUE MIAMI FL 33133 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD Eula Moore 6761 NW 186th Ter. Miami, Fla. 33015 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

Jacquelyn E. Chew *Pres. Director*

CR2E037 (5/01)