

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

04-27-2001 90404 025 ***150.00

DOCUMENT # P00000107736

1. Entity Name

ONYXA SHUTTERS PROTECTION INC.

Principal Place of Business

Mailing Address

11653 SW 3RD ST #106
 MIAMI FL 33174

11653 SW 3RD ST #106
 MIAMI FL 33174

2. Principal Place of Business

11653 S.W 3 ST

3. Mailing Address

(Same?)

Suite, Apt. #, etc.

106

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33174

Country

USA

Zip

Country

4. FFI Number

65-1054091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, RAMON
 11653 SW 3RD ST #106
 MIAMI FL 33174

7. Name and Address of New Registered Agent

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]

(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, 2001 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

TITLE: **President** ☐ Delete
 NAME: **Ramon Hernandez**
 STREET ADDRESS: **11653 S.W 3RD #106**
 CITY-ST-ZIP: **MIAMI, FL 33174**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
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☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
 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 officer or director 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)