

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90467 015 ***150.00

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DOCUMENT # P01000061337

1. Entity Name

ONYX INVESTMENTS, INC.



Principal Place of Business

5881 N.W. 151ST STREET
STE 101
MIAMI LAKES FL 33014

Mailing Address

5881 N.W. 151ST STREET
STE 101
MIAMI LAKES FL 33014

2. Principal Place of Business

8306 MILLS DR.

Suite, Apt. #, etc.

332

3. Mailing Address

8306 MILLS DR.

Suite, Apt. #, etc.

332

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33183

Country

USA

Zip

33183

Country

USA

4. FEI Number

65-1114890

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SALVER, PAUL

5881 N.W. 151ST STREET

STE 101

MIAMI LAKES FL 33014

2721 Executive Park Dr.
4
Weston, FL 33331

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TOSTANOSKI, JOHN	
STREET ADDRESS	3801 N. UNIVERSITY DR SUITE 301	
CITY-ST-ZIP	FT LAUDERDALE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, JOHN	
STREET ADDRESS	3801 N. UNIVERSITY DR SUITE 301	
CITY-ST-ZIP	FT LAUDERDALE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8306 MILLS DR. # 332	
CITY-ST-ZIP	MIAMI, FL. 33183	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8306 MILLS DR. # 332	
CITY-ST-ZIP	MIAMI, FL. 33183	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, 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 empowered.

SIGNATURE:

RECEIVED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

305-606-7640

Date

Daytime Phone #

CR2E034 (10/02)