FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90112 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000062329

1. Entity Name
ON-BUSINESS-COM INTERNATIONAL, CORP.

Principal Place of Business	Mailing Address
7825 NE BAYSHORE CT, STE 306 MIAMI, FL 33138	7825 NE BAYSHORE CT, STE 306 MIAMI, FL 33138

2. Principal Place of Business: 2253 Salerno Circle
Suite, Apt. #, etc.
City & State: Weston, FL
Zip: 33327 Country

3. Mailing Address: 2253 Salerno Circle
Suite, Apt. #, etc.
City & State: Weston, FL
Zip: 33327 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 71-0887857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIVERA, LILIANA P.
7825 NE BAYSHORE CT, STE 306
MIAMI, FL 33138

7. Name and Address of New Registered Agent
Name: Liliana P. Rivera
Street Address (P.O. Box Number is Not Acceptable): 2253 Salerno Circle
City: Weston FL Zip Code 33327

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: Liliana P Rivera 4/9/03.
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RIVERA, LILIANA P 7825 NE BAYSHORE CT, STE 306 MIAMI, FL 33138	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rivera, Liliana P. 2253 Salerno Circle Weston, FL 33327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: Liliana P Rivera 4/9/03.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #