

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067187

1. Entity Name

ON-LINE GROUP, INC.

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90001 001 ***150.00

Principal Place of Business

Mailing Address

8490 NW 185TH ST
MIAMI FL 33015
US

8490 NW 185TH ST
MIAMI FL 33015-2544
US

2. Principal Place of Business

8856 NW 168th LANE

3. Mailing Address

8856 NW 168th LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

4. FEI Number

65-0604855

Applied For

Not Applicable

Zip

33018

Country

USA

Zip

33018

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIEVES, MICHAEL A JR
6536 NW 170TH LANE
MIAMI FL 33015

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
FERRER, FRANK
8490 NW 185TH ST
MIAMI FL 33015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
FERRER, OFELIA M
8490 NW 185TH ST
MIAMI FL 33015 ☐ Delete

TITLE
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CITY - ST - ZIP
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CITY - ST - ZIP
☐ Change ☐ Addition

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 receiver or trustee 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:

Frank Ferrer FRANK FERRER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 (305)362-6061

Date Daytime Phone #

CR2E034 (9/99)