

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000072395

1. Entity Name

ONYX EXPORT CORP.

Principal Place of Business

Mailing Address

11117 W OKEECHOBEE RD
STE 113
HIALEAH GARDENS FL 33018
US

11117 W OKEECHOBEE RD
STE 113
HIALEAH GARDENS FL 33018
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUSSO, JUAN R
4373 PINE RIDGE CT
WESTON FL 33331

Name

JUAN R MUSSO

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

11117 W OKEECHOBEE RD
STE 113

City

HIALEAH GARDENS FL

Zip Code

33018

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)

3/10/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
MUSSO, JUAN R
1232 FALLS BLVD
FT LAUDERDALE FL 33127

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MUSSO, JUAN R
1232 FALLS BLVD
FT LAUDERDALE FL 33127

TITLE
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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/01

DATE

954 3896152

Daytime Phone #

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90001 042 ***150.00

034000



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)