

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000029498

1. Entity Name

ONB CORPORATION, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90165 043 ***158.75

Principal Place of Business Mailing Address
3301 SPANISH MOSS TERRACE, SUITE 508 3301 SPANISH MOSS TERRACE, SUITE 508
LAUDERHILL FL 33319 LAUDERHILL FL 33319-5002
US US

2. Principal Place of Business 3. Mailing Address
4545 N. Ocean Blvd 4545 N. Ocean Blvd
Suite, Apt. #, etc. 2B Suite, Apt. #, etc. 2B

City & State Boca Raton Boca Raton
Zip 33431 Country FL Zip 33431 Country FL



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0746573 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYALSKAYA, OLENKA
3301 SPANISH MOSS TERRACE, SUITE 508
LAUDERHILL FL 33319

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 _____ (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	PRES BOYALSKAYA OLENKA 3301 SPANISH MOS TERRACE #508 LAUDERHILL FL 33319	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BOYALSKAYA OLENKA 4545 N. Ocean Blvd 2B Boca Raton, FL, 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: O. BOYALSKAYA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-08-00 305-6085630

CR2E034 (9/99)