

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045734

1. Entity Name

ONYX SOFT, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90025 013 ***150.00

Principal Place of Business

Mailing Address

6146 NW 74TH AVE
SUITE 711
MIAMI FL 33166
US

6146 NW 74TH AVE
SUITE 711
MIAMI FL 33166-3710
US

00016688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7220 N.W. 36 Street

7220 N.W. 36 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 230

Suite 230

City & State

City & State

Miami, Florida

Miami, Florida

Zip 33166

Country USA

Zip 33166

Country USA

4. FEI Number

65-0766382

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

RAPPRT, STEPHEN R
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES FL 33134

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 PD
NAME ROACH, NELSON
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 711
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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

NELSON ROACH

1/15/00

305-513-0035

Date

Daytime Phone #