

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90913 049 ***150.00

DOCUMENT # P97000080415

1. Entity Name

ONYX DESIGN GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1303 WEST AVENUE

Suite, Apt. #, etc.

513

3. Mailing Address

1303 WEST AVENUE

Suite, Apt. #, etc.

513

DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH, FLA

City & State
MIAMI BEACH, FLA

4. FEI Number

65-0789505

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33139

Country
USA

Zip
33139

Country
USA

7. Name and Address of Current Registered Agent

Name

AZRIN, DAVID T

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

100 S.E. 2 STREET #2600

City

MIAMI

FL

Zip Code

33131

DO NOT WRITE
IN THIS SPACE

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME FLORES, MARIA I
STREET ADDRESS 1303 WEST AVENUE, SUITE 513
CITY-ST-ZIP MIAMI BEACH, FLORIDA 33139

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/9/02

CR2E034B (12/01)