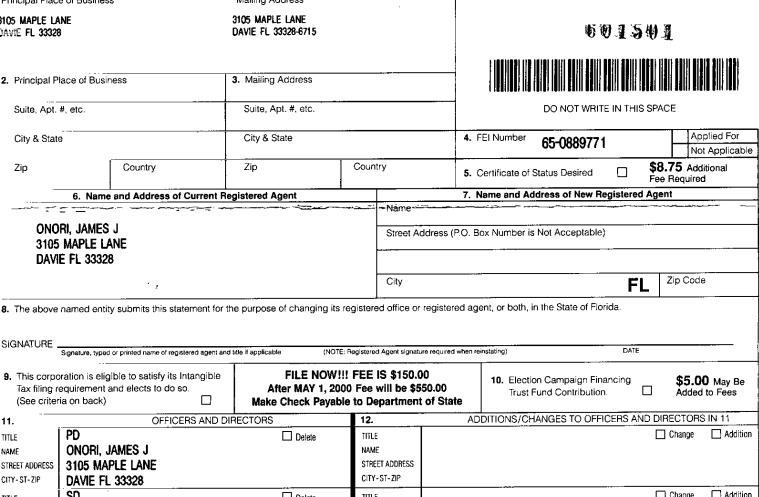
2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000071046** 1. Entity Name ONRI INDUSTRIES INC. Principal Place of Business Mailing Address 3105 MAPLE LANE 3105 MAPLE LANE DAVIE FL 33328 DAVIE FL 33328-6715 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip 6. Name and Address of Current Registered Agent

FILED Jan 18, 2000 8:00 am Secretary of State

01-18-2000 90201 050 ***150.00



OFFICERS AND DIRECTORS 12. 11. PD TITLE ☐ Delete TITLE ONORI, JAMES J NAME STREET ADDRESS 3105 MAPLE LANE STREET ADDRESS DAVIE FL 33328 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change SD ☐ Delete TITLE TITLE ONORI, PAMELA M NAME NAME STREET ADDRESS 3105 MAPLE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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

ONORI, JAMES J

SIGNATURE

3105 MAPLE LANE **DAVIE FL 33328**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

JAMES J. ONORI 1/12/2000 ME OF SIGNING OFFICER OR DIRECTOR