2000 UNIFORM BUSINESS RU 5/3(FILED Jul 12, 2000 8:00 am Secretary of State DOCUMENT # P99 00000 4658] 05-30-2000 90108 026 ***150.00 ONIT Enterprises, Inc. Mailing Address Principal Place of Business Hillsborough County 33612 1451 W. Busch Blvd. Tampa, Fl 3. Mailing Address 2. Principal Place of Business Same as above Same as above Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3560-105 Not Applicable Tampa, florida 5. Certificate of Status Desired Fee Required <u>Hills</u> 33612 Hills 33612 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Faustino Dominquez</u> Street Address (P.O. Box Number is Not Acceptable) Capital Connection 417 E. Virginia St. #1 Tallahassee, Fl 1451 W. Busch Blvd. City Tampa, 8. The above named entity //bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOMILI FEE IS \$150.00 Aner, MAY, 1, 2000: Fee will be \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO DFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE President NAME Shaneen Dominguez STREET ADDRESS STREET ADDRESS 8705 Elmdale Place CITY-ST-7IP CITY-ST-ZIP Tampa, F133637 Change Addition Delete TITLE Vice President NAME NAME Faustino Dominguez STREET ADDRESS STREET ADDRESS 8705 Elmdale Place CITY-ST-ZIF CITY-ST-ZIP Tampa, F1 33637 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition IME TITLE Delete 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 Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tental 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 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 13. I hereby certify that the information indicated on this report or supple of the corporation or the receive of trustee empowered to entit an address, with all other SIGNATURE: