| 2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P9900004658  1. Entity Name ONIT ENTERPRISES, INC.   |   |  |  |  | FILED<br>Sep 18, 2001 8:00 am<br>Secretary of State<br>09-18-2001 90001 020 ***550.00  |            |                          |  |
|---|---|--|--|--|--|------------|--------------------------|--|
| Principal Place of Business<br>1451 W BUSCH BLVD<br>TAMPA FL 33612  |   | Mailing Address 1451 W BUSCH BLVD TAMPA FL 33612 |  |  | 171,   |            | . <b>.</b>               |  |
| 2. Principal F  | Place of Business W. Busch Blud #, etc.                           | 3. Mailing Address Suite, Apt. #, etc.           | same                                     |  | DO NOT WRITE IN THIS SPACE   |            |                          |  |
| City & State Tampa, F1  |   | City & State                                     |  | 4. FEI Num                                       | . FEI Number 59-3560705  |            | pplied For ot Applicable |  |
| Zip 33617. Country  |   | Zip  | Country                                  | 5. Certifica                                     | Certificate of Status Desired  |            |                          |  |
|   | 6. Name and Address of Current R                                  | Registered Agent                                 | Năme                                     | 7. Name ar                                       | nd Address of New Registered   | Agent      |                          |  |
| DOMINGUEZ, FAUSTINO 1451 W BUSCH BLVD   |   |  | Street Addres                            | reet Address (P.O. Box Number is Not Acceptable) |  |            |                          |  |
| TALAPA FI   |   |  |  |  |  |            |                          |  |
|   |   |  | City                                     |  | F  | L Zip Coo  | le                       |  |
| 8. The above  | named entity submits this statement for                           | the purpose of changing its re                   | egistered office or regis                | tered agent, or b                                | oth, in the State of Florida.  |            |                          |  |
| SIGNATURE .   | Signature, typed or printed name of registered agent an           | d title if applicable. (NOTE:                    | Registered Agent signature requ          | ired when reinstating)                           | DATE   | BE 1181 BE |                          |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After September 12, 2  Make Check Payable  |   |  |  | 10.00   T  | lection Campaign Financing rust Fund Contribution.   |            | 00 May Be<br>d to Fees   |  |
| 11.   | OFFICERS AND D  |  | 12.                                      | ADDITION:  | S/CHANGES TO OFFICERS AN   |            |                          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VP<br>DOMINGUEZ, FAUSTINO<br>8705 ELNDALE PLACE<br>TAMPA FL 33637 | ☐ Delete   | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP | -  |  | Change     | Addition                 |  |
| TITLE<br>NAME   | P   | ☐ Delete   | TITLE<br>NAME                            |  | •  | ☐ Change   | Addition                 |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | DOMINQUEZ, SHANEEN<br>8705 ELNDALE PLACE<br>TAMPA FL 33637        | •.   | STREET ADDRESS CITY-ST-ZIP               |  |  |            |                          |  |
| NAME STREET ADDRESS CITY-ST-ZIP   | · monthstate of the same  | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  |  | ☐ Change   | Addition                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | · · · · · · · · · · · · · · · · · · ·                             | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  | The second secon | ☐ Change   | Addition                 |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   | □ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  |  | ☐ Change   | Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Λ   | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP    |  |  | ☐ Change   | Addition                 |  |
| 13. I hereby certify that the information should 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 of sustee empowered to excite this report as required by Chapter 607, Florida Statutes; and that my hame 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 PHINTED WAS SIGNING OFFICER OF DIRECTOR Date Daylime Prome #  |   |  |  |  |  |            |                          |  |

ONIT ENTERPRISES, INC.

from the desk of

## **Tino Dominguez**

Tried to overnite on alilloi could not because of grounded flights.

Space Tyrone in your dept. and he said it was 0 k to Pay 550 x.

1451 W. BUSCH BLVD., TAMPA, FL 33612 (813) 933-7838 FAX (813) 933-7836

