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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State S37949 DOCUMENT # 1. Entity Name 01-17-2002 90001 020 ***158.75 ONYX INTERNATIONAL TRADING, INC. Principal Place of Business Mailing Address 6175 NW 167 ST 6175 NW 167 ST G 21 **MAIMI FL 33015** MIAMI FL 33015 US Mailing Address Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0256247 Siera A?M Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent QUIZENA, JOSE Street Address (P.O. Box Number is Not Acceptable) 6175 NW 167 ST SUITE G21 **B-7 MAIMI FL 33015** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE ☐ Delete TITLE QUIZENA, JOSE NAME NAME 170575W 5382 Court 6175 NW 167TH ST G 21 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33015 FGCEE. J.J. SIONASIM TITI F ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.