## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR** V41239 **DOCUMENT #**



FILED
Mar 17, 2003 8:00 am
Secretary of State

ONYX PROPERTIES, INC.						)	03-17-2003 90080 010 ***150.00			
Principal Place of Business 22751 D MANDEVILLE PLACE BOCA RATON FL 33433			Mailing Address 22751 D MANDEVILLE PLACE BOCA RATON FL 33433							
2. Principal Pl	ace of Busine	SS	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			<b>4.</b> FE	65-0445852		Applied For Not Applicable	}
Zip Country		Zip Cou		ry	5. Ce	5. Certificate of Status Desired   \$8.75 Additional Fee Required			1	
ľ	6. Name a	and Address of Current	Registered Agent	1		7. Na	ame and Address of New Registe	ered Agent		]
	O. Maine	ma nadious or ourion	<u></u>		Name					7.
SAMTER, SOLANGE					Street Address (P.O. Box Number is Not Acceptable)					
	NANDEVILLE			}			1 <u></u>			1
BOCA RATON FL 33433										
					City FL Zip Code					
	named entity ions of registe		or the purpose of changing its	s registere	d office or regist	ered age	nt, or both, in the State of Florida.	I am familiar v	vith, and accept	
SIGNATURE .	Signature typed o	r printed name of registered agent	and title if applicable. (NO	TE: Registered	Agent signature requir	ed when rein	nstating)	DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State					9. Election Campaigr Trust Fund Contrib			- <b>-</b> ++		
		riorida department d	f State							┥.
		OFFICERS AND	f State DIRECTORS	11.		ADE	DITIONS/CHANGES TO OFFICERS	S AND DIREC	TORS IN 11	
10. TITLE NAME STREET ADDRESS	PD SAMTER, S 22751-D M	OFFICERS AND SOLANGE ANDEVILLE PLACE	DIRECTORS  Delete	TITLE NAME STREE	ET ADDRESS	ADE	DITIONS/CHANGES TO OFFICERS	S AND DIREC		(00) 07/ 700
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

Addition