FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State L10813 DOCUMENT # 1. Entity Name 05-19-2002 90070 015 ***150.00 OMEGA PROPERTIES OF DADE, INC. Mailing Address Principal Place of Business 5640 NE 2ND AVE. 5640 NE 2ND AVE. MIAMI FL 33137 MIAMI FL 33137 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0175783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) JONE, STEVEN L 9999 NE 2ND AVENUE **SUITE 216** Zip Code City **MIAMI SHORES FL 33138** 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME LOUISSAINT, JEAN YVAN NAME STREET ADDRESS 305 NW 138TH ST. STREET ADDRESS CITY-ST-ZIP **BROOKLYN NY** CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME LOUISSAINT, MARIE MARTHE NAME STREET ADDRESS 305 NW 138TH ST. STREET ADDRESS CITY-ST-ZIP **BROOKLYN NY** CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete 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 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 other like appearance of the corporation or the receiver of the statutes. changed, or on an attachment with an address, with all o her like empowered

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

_ Delete - --

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

5

CR2E034 (9/01)