

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90094 043 ***150.00

DOCUMENT # P00000041909

1. Entity Name

OMR CORP.

Principal Place of Business

7157 CRESENT CREEK LANE
 COCONUT CREEK FL 33073

Mailing Address

7157 CRESENT CREEK LANE
 COCONUT CREEK FL 33073

2. Principal Place of Business

4256 N. US 1

3. Mailing Address

4256 N. US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Fort Pierce FL

4. FEI Number

65-1004062

Applied For

Not Applicable

Zip

34946

Country

USA

Zip

34946

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GEROW, JEFFREY S ESQ.
 4800 N. FEDERAL HWY., STE.307B
 BOCA RATON FL 33431

Name

Osni Magalhaes

Street Address (P.O. Box Number is Not Acceptable)

4256 N. US 1

City

Fort Pierce

FL

Zip Code

34946

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

Osni Magalhaes (OSNI MAGALHAES) PRES. 1/31/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MAGALHAES, OSNI	
STREET ADDRESS	7157 CRESENT CREEK LANE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAGALHAES, MARIA L	
STREET ADDRESS	7157 CRESENT CREEK LANE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	DINIZ, ROBSON L	
STREET ADDRESS	7157 CRESENT CREEK LANE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Magalhaes, Osni	
STREET ADDRESS	4256 N. US 1	
CITY-ST-ZIP	Fort Pierce, FL. 34946	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Magalhaes, maria L.	
STREET ADDRESS	4256 N. US 1	
CITY-ST-ZIP	Fort Pierce, FL. 34946	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diniz, Robson L.	
STREET ADDRESS	4256 N. US 1	
CITY-ST-ZIP	Fort Pierce, FL. 34946	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Osni Magalhaes PRES. 1/29/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)