

2062 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90392 010 ***150.00

DOCUMENT # P 00000041909
1. Entity Name
OMR CORP

DO NOT WRITE IN THIS SPACE

11039498

2. Principal Place of Business **4256 N. US 1**
Suite, Apt. #, etc.
City & State **Fort Pierce FL**
Zip **34946** Country

3. Mailing Address **4256 N US 1**
Suite, Apt. #, etc.
City & State **Fort Pierce**
Zip **FL** Country **34946**

4. FEI Number **65-1004062**
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent
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 *[Signature]* DATE **4-28-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dosni Magalhaes 4256 N US 1 Fort Pierce, FL 34946	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maria Magalhaes 4256 N US 1 Fort Pierce FL 34946	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robson Diniz 4256 N. US 1 Fort Pierce FL 34946	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.
SIGNATURE: *[Signature]* DATE **2/4/03** DAYTIME PHONE # **X 4-28-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)