

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90062 022 ***150.00

DOCUMENT # P93000034545

1. Entity Name
OMEGA SHIPPING (FL), INC.

Principal Place of Business
**8710 NW 100TH STREET
MIAMI FL 33178-1454**

Mailing Address
**8710 NW 100TH STREET
MIAMI FL 33178-1454**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0422428**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**AVIANI, YIGAL
8710 NW 100TH STREET
MIAMI FL 33178**

Name

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

City

FL

Zip Code

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

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	PD	☐ Delete
NAME	AVIANI, YIGAL	
STREET ADDRESS	8710 NW 100TH STREET	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VPD	☐ Delete
NAME	SHIMSHON, BENJAMIN	
STREET ADDRESS	8710 NW 100TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ Delete
NAME	AVIANI, JANET	
STREET ADDRESS	8710 NW 100TH ST	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ 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: *Janet Aviani* **JANET AVIANI, SEC**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-2001
Date

305 888-0337
Daytime Phone #

CR2E034 (10/00)