FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jul 17, 2001 8:00 am Secretary of State P95000048529 DOCUMENT # 1. Entity Name 07-17-2001 90006 005 ***150.00 OME. INC. Principal Place of Business Mailing Address 4141 PHILLIPS HIGHWAY 11112 SAN JOSE BLVD AUU77746 JACKSONVILLE FL 32223 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3349859 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, DINESH Street Address (P.O. Box Number is Not Acceptable) 4141 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (5/01) TITLE ☐ Delete TITLE Change MOTIWALA, BHADRESH NAME NAME 8019 SABLE CREEK DR E STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition PATEL, DINESH NAME NAME 4141 PHILLIPS HIGHWAY STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Addition ☐ Change Delete PATEL, VIJAY. NAME NAME -4141 PHILLIPS HIGHWAY STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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. If 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:

Daytime Phone #

Attachment off 19502048529 AUD MUCO

July 13, 2001

TO:

Florida Department of State Division of Corporations

P.O.Box 6327

Tallahassee, FL 32314

FROM: Ome, Inc.

4141 Philips Hwy. Jacksonville, FL 32207 (904) 737-3200

Dear Sir or Madam:

Normally we were getting the renewal notice in January of each year. This year, however, we did not receive any notice prior to this one. If you review my previous years records, my payment is always on time before May 1st of each year. I hope you will accept this renewal check for \$150.00 and renew the corporation for 2001 – 2002.

Sincerely,

Demon Tlatel

Dinesh T. Patel President Ome, Inc.