

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90333 046 ***150.00

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DOCUMENT # P97000026817

1. Entity Name
OMEGA SECURITY OF SOUTH FLORIDA INC.



Principal Place of Business
**6065 NW 167 TH ST
SUITE B-2
MIAMI FL 33015**

Mailing Address
**6065 NW 167 TH ST
SUITE B-2
MIAMI FL 33015**



2. Principal Place of Business
6065 N.W. 167th Street

3. Mailing Address
6065 N.W. 167th Street

Suite, Apt. #, etc.
Suite B-2

Suite, Apt. #, etc.
Suite B-2

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number
65-0567913

Applied For
☐ Not Applicable

Zip
33015 Country
Dade

Zip
33015 Country
Dade

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

**GONZALEZ, RENE S
6065 N.W. 167TH STREET
SUITE B-2
MIAMI FL 33015**

Name
Rene S. Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
6065 N.W. 167th Street
suite B-2
City
Miami FL Zip Code
33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GONZALEZ, RENE S
7335 W 14 AVE.
HIALEAH FL 33014** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)