

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081233

1. Entity Name

OMNI WEB SOLUTIONS, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90068 022 \*\*\*150.00

Principal Place of Business

20822 N.E. 10 AVE., UNIT 109  
MIAMI FL 33179

Mailing Address

20822 N.E. 10 AVE., UNIT 109  
MIAMI FL 33179-1754

2. Principal Place of Business

20822 SAN SIMON WAY  
Suite, Apt. #, etc.  
109

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33179

Country

USA

Zip

Country

4. FEI Number

65-0948974

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVE.  
CORAL GABLES FL 33134

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	AUDANT, PIERRE	
STREET ADDRESS	20822 N.E. 10 AVE., UNIT 109	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEREZ, BAYARD M	
STREET ADDRESS	20822 N.E. 10 AVE., UNIT 109	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GASTON, YVES ROOD	
STREET ADDRESS	20822 N.E. 10 AVE., UNIT 109	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input type="checkbox"/> Delete
NAME	AUDANT, RICHARD	
STREET ADDRESS	20822 N.E. 10 AVE., UNIT 109	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	VDDORFEUILLE, JEAN WALLES	
STREET ADDRESS	20822 N.E. 10 AVE., UNIT 109	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PIERRE, JACQUES	
STREET ADDRESS	20822 N.E. 10 AVE., UNIT 109	
CITY-ST-ZIP	MIAMI FL 33179	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PIERRE AUDANT 4/4/00 305.999.9831

CR2E034 (9/99)