

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S12106

FILED  
Apr 08, 2003  
Secretary of State

Entity Name: OMNI PEST CONTROL INC.

**Current Principal Place of Business:**

12855 SW 136TH AVENUE  
SUITE 217  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 65-0411  
MIAMI, FL 33265

**New Mailing Address:**

FEI Number: 65-0250348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARMAS, ARMANDO N  
10441 SW 5TH ST  
MIAMI, FL 33174 US

**Name and Address of New Registered Agent:**

ARMAS, ARMANDO MR.  
10441 SW 5TH ST  
MIAMI, FL 33174 US

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: ARMANDO ARMAS

04/08/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ARMAS, ARMANDO  
Address: 10441 SW 5TH ST  
City-St-Zip: MIAMI, FL 33174

Title: VPD ( ) Delete  
Name: ARMAS, LOURDES  
Address: 10441 SW 5TH ST  
City-St-Zip: MIAMI, FL 33174

Title: SD ( ) Delete  
Name: DE VARONA, EDUARDO  
Address: 9888 SW 5TH ST  
City-St-Zip: MIAMI, FL 33174

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES ARMAS

VP

04/08/2003

Electronic Signature of Signing Officer or Director

Date