

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013092

1. Entity Name

OMNI WEST GROUP, LLC

Principal Place of Business

1655 MERIDIAN AVENUE
MIAMI BEACH FL 33139

Mailing Address

1655 MERIDIAN AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARRACCA, MASSIMO
1655 MERIDIAN AVENUE
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

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-07/16/01--01030--005

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BARRACCA, MASSIMO
STREET ADDRESS 1655 MERIDIAN AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33139

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the authorized trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/28/2001 (305) 534-5888



DO NOT WRITE IN THIS SPACE

FILED

01 JUL -6 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STAPLE CHECK HERE

CR2E083 (5/01)