

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 430549

1. Entity Name

OMNISPHERE CORPORATION

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90171 009 ***158.75

Principal Place of Business

1250 SW 27 AVENUE 4TH FL
MIAMI FL 33135

Mailing Address

1250 SW 27 AVENUE 4TH FL
MIAMI FL 33135-4741

2. Principal Place of Business

8701 SW 137 AVENUE

3. Mailing Address

8701 SW 137 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 205

STE. 205

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33183

Country

DADE

Zip

33183

Country

DADE

4. FEI Number

59-1472128

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, ALEXANDER F.
1250 SW 27 AVENUE 4TH FL
MIAMI FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

8701 S.W. 137 AVENUE

SUITE 205

City

MIAMI

FL

Zip Code

33183

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	VALDES, FRANCISCO, T.	
STREET ADDRESS	1250 SW 27 AVENUE	
CITY-ST-ZIP	MIAMI, FL...	
TITLE	ST	☐ Delete
NAME	ROCA, JESUS	
STREET ADDRESS	5101-NW-37TH-AVE-	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	VPD	☐ Delete
NAME	VALDES, JESUS F.	
STREET ADDRESS	5101 N.W. 37TH. AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☐ Delete
NAME	VALDES, ALEXANDER	
STREET ADDRESS	1250 SW 27 AVENUE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	8701 S.W. 137 AVE. STE. 205
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	8701 S.W. 137 AVE. STR. 205
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	8701 S.W. 137 AVE. Sk. 205
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	☒ Change ☐ Addition
NAME	
STREET ADDRESS	8701 S.W. 137 AVE. Sk. 205
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ 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

4-17-00 (305) 388-4025
Date Daytime Phone #

CR2E034 (9/99)