

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90064 009 ****61.25

DOCUMENT # 736763

1. Entity Name
OMEGA CONDOMINIUM NO. 11, INC.

Principal Place of Business 1801 NW 75TH AVENUE PLANTATION, FL 33313		Mailing Address 1801 NW 75TH AVENUE PLANTATION FL 33313	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1800202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERG, GEORGE 1801 NW 75TH AVE PLANTATION FL 33313		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: *George Berg*
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SPECTOR, RUTH STREET ADDRESS: 1801 NW 75 AVENUE CITY-ST-ZIP: PLANTATION FL <input checked="" type="checkbox"/> Delete		TITLE: TREASURER NAME: BERG, GEORGE STREET ADDRESS: 1801 N.W. 75th W CITY-ST-ZIP: Plantation, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: TD NAME: ROTH, JEROME STREET ADDRESS: 1801 NW 75 AVENUE CITY-ST-ZIP: PLANTATION FL <input checked="" type="checkbox"/> Delete		TITLE: SECY NAME: JEAN ELLIOTT STREET ADDRESS: 1801 N.W. 75th W CITY-ST-ZIP: Plantation, FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: PD NAME: COMITOR, EVELYN STREET ADDRESS: 1801 NW 75 AVENUE CITY-ST-ZIP: PLANTATION FL <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VD NAME: BROWN, DAVID STREET ADDRESS: 1801 NW 75 AVENUE CITY-ST-ZIP: PLANTATION FL <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: FEINSTEIN, IRENE STREET ADDRESS: 1801 NW 75TH AVE. CITY-ST-ZIP: PLANTATION FL <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D NAME: DIAMOND, THEODORE STREET ADDRESS: 1801 NW 75TH AVE. CITY-ST-ZIP: PLANTATION FL <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: *George Berg* **SIGNATURE REQUIRED**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **2-4-02** Daytime Phone #: **954-587-8508**

CR2E037 (9/01)