ชบบีบี UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G72335 1. Entity Name **OMSA CORPORATION**

Principal Place of Business Mailing Address

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90164 014 ***150.00

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S. Certification of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Name Registered John Name	City & State	9		City & State			4 . F	hh-11125459			·	}
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MCCLAIN, MARIE M 1470 SW 19 AVE.D. FT. LAUDERDALE FL 33312 City FL Zip Code		6. Name	and Address of Current R	egistered Agent			7. N	lame and Address of New Regis	tered Aç	jent		-
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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 9. This corporation is eligible to satisfy its Intangible Tax Riling requirement and elects to do so Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAME DASSO, EDUARDO SIREET ADDRESS CITY-ST-2IP DT TITLE DS DASSO, SARA SIREET ADDRESS CITY-ST-2IP DT DASSO, EDUARDO, JR. SOON NO OCEAN BLVD STE-908 FT.LAUDERDALE FL DT DASSO, EDUARDO, JR. SIREET ADDRESS CITY-ST-2IP DC MCCLAIN, MARIE M 4170 SW 18 AVENUE FT.LAUDERDALE FL DR CITY-ST-2IP DR CITY-ST-2IP DR CITY-ST-2IP CITY-ST-	1470	SW-19 AV	E.D.			Street Address (P.O. Box number is Not Acceptable)						
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		ertify that the	information supplied with t	this filing does not qualify for			in Section	119.07(3)(i). Florida Statutes I furt	her certi	fv that the in	formation	1

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 en address, with all other like empowered.

SIGNATURE:

SEGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #