

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUL 10 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K30640**  
1. Entity Name  
**Omni Real Estate and management Company, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**509-513 SW 2nd PL.**  
Suite, Apt. #, etc.

3. Mailing Address  
**509-513 SW 2nd PL.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Pompano Beach, FL**

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**Pompano Beach, FL**

4. FEI Number  
**65-0069569**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Zip **33060** Country **United States** Zip **33060** Country **United States**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Sam Buran**  
Street Address (P.O. Box Number is Not Acceptable)  
**2920 E. Commercial Blvd**  
City **Ft. Lauderdale** FL Zip Code **33308**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when consulting) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>Jane E. Buran</b> <b>509-513 SW 2nd Place</b> <b>Pompano Beach, FL 33060</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>800021465488</b> <b>07/10/03--01075--001 **158.75</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVC</b> <b>Sam P. Buran</b> <b>509-513 SW 2nd Place</b> <b>Pompano Beach, FL 33060</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **7/8/03** **954-492-9988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

7/4