

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K31440

1. Entity Name  
**OMEGA ENTERPRISES, INC.**

Principal Place of Business

7221 SW 24TH STREET  
SUITE 203  
MIAMI FL 33155  
US

Mailing Address

7221 SW 24TH STREET  
SUITE 203  
MIAMI FL 33155  
US

2. Principal Place of Business

10300 Sunset Dr.

Suite, Apt. #, etc.

Suite # 415

City & State

Miami, Fl.

Zip

33173

Country

Miami Dade

3. Mailing Address

10300 Sunset Dr.

Suite, Apt. #, etc.

Suite # 415

City & State

Miami, Fl.

Zip

33173

Country

Miami Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLALBA, DANIEL  
10501 S.W. 144TH AVE  
MIAMI FL 33186

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

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, 2001 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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS VILLALBA, DANIEL  
CITY - ST - ZIP 10501 S.W. 144TH AVE  
MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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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

Date

Daytime Phone #

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90031 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0067455** ☐ Applied For  
☐ Not Applicable

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

CR2E034 (10/00)