

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012758 AF

DOCUMENT # **L00000007606**

1. Entity Name  
**OMEGA MOTORS, L.L.C.**

FILED  
01 APR -9 AM 7:51  
SECRETARY OF  
STATE AND OFFICE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**9632 N.W. 7 CIRCLE, STE. 1716  
PLANTATION FL 33324**

Mailing Address  
**9632 N.W. 7 CIRCLE, STE. 1716  
PLANTATION FL 33324**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**470 Ansini Blvd**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Hallandale, FL**

City & State

4. FEI Number

**65-1020325**

Applied For

Not Applicable

Zip

**33009**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAZUT, OFIR  
9632 N.W. 7 CIRCLE, STE. 1716  
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CHAZUT, OFIR  
9632 N.W. 7 CIRCLE, STE. 1716  
PLANTATION FL 33324** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**500004009455--4  
-04/16/01--01013--017  
\*\*\*\*\*50.00--\*\*\*\*\*50.00**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/2/01**  
**954336**  
**4058**

CR2E083 (11/00)