

# 2003 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 1

DOCUMENT # L00000009186 2002-2003

1. Entity Name

OMNITEK, L.L.C.

Principal Place of Business

9205 NW 101ST STREET  
MEDLEY FL 33178

Mailing Address

9205 NW 101ST STREET  
MEDLEY FL 33178

2. Principal Place of Business

3. Mailing Address

P.O. BOX 52-0904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
MIAMI, FLORIDA

Zip

Country

Zip

33152

Country

U.S.A.

4. FEI Number

65-1030543

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMAR, HILDA TERESA  
9205 NW 101ST STREET  
MEDLEY FL 33178

7. Name and Address of New Registered Agent

Name  
VACCARI, INGRID JESINE

Street Address (P.O. Box Number is Not Acceptable)  
9205 N.W. 101 ST

City

MEDLEY

FL

Zip Code  
33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ingrid Vaccari*

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

(NOTE: Registered Agent signature required when reinstating)

SEP-02-2003

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 2, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
LAMAR, HILDA TERESA  
9205 NW 101ST STREET  
MEDLEY FL 33178 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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  
MGR  
VACCARI, INGRID JESINE  
9205 N.W. 101 ST  
MEDLEY, FL 33178 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
600022935656  
09/10/03--01073--017 \*\*\$5.00 ☐ 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

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:

*Ingrid Vaccari*

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

9/2/03

Date

Daytime Phone #

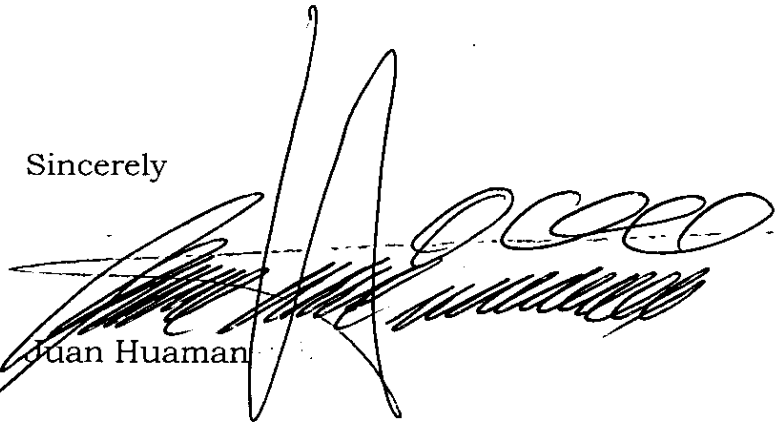
CR2E083 (4/02)

September 2, 2003

To Whom It May Concern;

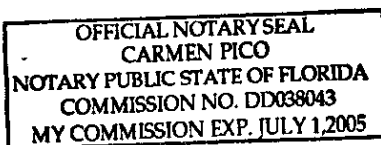
This is to certify that after the day that we sent you the 2002 UBR, we did not receive any correspondences from your office. We were not aware of the fact that you needed additional information from us. To avoid this from happening again, please use our mailing address for all correspondences.

Sincerely



Juan Huaman

Accounting Manager



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP -4 PM 12:58