

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010355

1. Entity Name

OMNISTRAT, LLC

Principal Place of Business

9860 NW 52 TERRACE  
MIAMI FL 33178

Mailing Address

9860 NW 52 TERRACE  
MIAMI FL 33178

FILED

01 JUN 22 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

444 Brickell Ave

Suite, Apt. #, etc.

Suite 212

3. Mailing Address

444 Brickell Ave

Suite, Apt. #, etc.

Suite 212

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

Dade

Zip

33131

Country

Dade

4. FEI Number

65-1042298

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, HAROLD STEVE  
9860 NW 52 TERRACE  
MIAMI FL 33178

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

*Harold Steve Suarez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

May 1, 2001

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

500004460705-4  
-07/05/01--01103--010  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	Partner	<input type="checkbox"/> Delete
NAME	Mr. Harold Steve Suarez, MGRM	
STREET ADDRESS	9860 NW 52 Terrace	
CITY-ST-ZIP	Miami FL 33178	
TITLE	Partner	<input type="checkbox"/> Delete
NAME	Mr. Stewart Harmon Brown III, MGRM	
STREET ADDRESS	1255 Pennsylvania Ave #307	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Partner	<input type="checkbox"/> Delete
NAME	Mr. Francisco Javier Porro, MGRM	
STREET ADDRESS	13901 SW 73rd Ave	
CITY-ST-ZIP	Miami, FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Stewart Harmon Brown III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

May 1, 2001

Date

305-373-7188

Daytime Phone #

CR2E083 (11/00)