

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013092

1. Entity Name

OMNI WEST GROUP, LLC

Principal Place of Business

1655 MERIDIAN AVENUE  
MIAMI BEACH FL 33139

Mailing Address

1655 MERIDIAN AVENUE  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARRACCA, MASSIMO  
1655 MERIDIAN AVENUE  
MIAMI BEACH FL 33139

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  
Due By September 26, 2001

400004476754--5

-07/16/01--01030--005

\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME BARRACCA, MASSIMO  
STREET ADDRESS 1655 MERIDIAN AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE  
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10. ADDITIONS/CHANGES

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 authorized 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

6/28/2001 (305) 534-5888

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)



DO NOT WRITE IN THIS SPACE

FILED

01 JUL -6 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA