

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90758 047 \*\*\*\*50.00

**DOCUMENT # L00000014955**

1. Entity Name

**OMNISTAGE, L.L.C.**



Principal Place of Business

Mailing Address

**300 BYSCAINE BLVD  
607  
MIAMI FL 33131**

**300 BYSCAINE BLVD  
607  
MIAMI FL 33131**

2. Principal Place of Business

**2025 Brickell Ave**

3. Mailing Address

**2025 Brickell Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**1605**

**1605**

City & State

City & State

**MIAMI Florida**

**MIAMI Florida**

Zip

Country

Zip

Country

**33129 USA**

**33129 USA**

4. FEI Number

**65-1068587**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ASSUNTO, NICOLA  
555 N.E. 15TH STREET  
SUITE 7712  
MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

**ASSUNTO NICOLA**

Street Address (P.O. Box Number is Not Acceptable)

**2025 Brickell Ave. 1605**

City

**MIAMI**

**FL**

Zip Code

**33129**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**April 22/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **ASSUNTO, NICOLA**  
STREET ADDRESS **300 BYSCAINE BLVD SUITE 604**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **ASSUNTO, NICOLA**  
STREET ADDRESS **2025 BRICKELL AVE. 1605**  
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

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

Date

Daytime Phone #

**April 22/03 305-8987500**

CR2E083 (10/02)