

FILED

Sep 03, 2002 8:00 am  
Secretary of State

05-22-2002 90200 049 \*\*\*\*50.00  
09-03-2002 90114 045 \*\*\*\*\*5.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002756

1. Entity Name

OMA PROPERTY INVESTMENTS, LLC

Principal Place of Business

7191 SW 16TH ST.  
MIAMI FL 33155

Mailing Address

7191 SW 16TH ST.  
MIAMI FL 33155

2. Principal Place of Business

7191 S.W. 16 St.

3. Mailing Address

7191 S.W. 16 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

05-1077537

Applied For

Not Applicable

Zip

33155

Country

Declar

Zip

33155

Country

Declar

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLASKY, MARJORIE E ESQ.  
9400 SOUTH DADELAND BLVD., STE. 300  
MIAMI FL 33158

7. Name and Address of New Registered Agent

Name Oscar Ramirez Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
7191 S.W. 16 St.  
City Miami FL Zip Code 33155

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 Oscar Ramirez Jr. President / [Signature] DATE 5/9/02

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Oscar Ramirez Jr. 3675 S.W. 26 St. Miami, FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Oscar Ramirez Sr. 7191 S.W. 16 St. Miami FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT OSCAR RAMIREZ JR. 3675 SW 26 STREET MIAMI FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT OSCAR RAMIREZ SR. 7191 SW 16 STREET MIAMI FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] SIGNATURE REQUIRED DATE 5/9/02 DAYTIME PHONE # 305-519-7560

CR2E083 (9/01)