## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** L01000009805 OMAS INVESTMENT L.L.C.

**FILED** May 06, 2002 8:00 am Secretary of State

05-06-2002 90128 047 \*\*\*\*55.00

Principal Place of Business

Mailing Address

13615 S. DIXIE HIGHWAY #114-310 MIAMI FL 33176

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|                                   |  |                                       |  |              |                 |   |                            | (88)18(( 8)( 88)8) ( 98)( 88)( |                  |   |                           |
|-----------------------------------|--|---------------------------------------|--|--------------|-----------------|---|----------------------------|--------------------------------|------------------|---|---------------------------|
| 2. Principal Place of Business 3. |  |                                       | Mailing Address  |              |                 | -   |                            |                                |                  |   |                           |
| Suite, Apt. #, etc.               |  | Suite, Apt. #, etc.                   |  |              | ·-              | •   | DO NOT V                   | /RITE IN TH                    | IIS SPACE        | 'I <b>BO</b> JUT <b>B</b> (J) ( <b>B)</b> |                           |
| City & State                      |  |                                       | City & State   |              |                 | 4.  | 4. FEI Number 65 - 1113991 |                                |                  | <u> </u>                                  | Applied For               |
| Zip                               | Country  | Z                                     | lip  | Country      |                 |   |                            | ficate of Status Desire        |                  | \$5.00 /                                  | Not Applicable Additional |
|                                   | 6. Name and Address of Cur   | ered Agent                            |  |              |                 | 7. Name and Address of New Registered Agent |                            |                                |                  |   |                           |
|                                   |  | <u></u>                               |  |              | Name            | <del></del>                                 | Name                       | and Address of Nev             | v Registere      | ed Agent                                  |                           |
| RO                                | Dundtree, robert   | A care                                |  |              |                 |   |                            | - •                            |                  | · .                                       |                           |
|                                   | 7 NW 9TH AVENUE, SUITE 9   | Street Address                        |  |              | Address (P.O. ( | (P.O. Box Number is Not Acceptable)         |                            |                                |                  |   |                           |
| FC                                | ORT LAUDERDALE FL 33311  |                                       |  | }            |                 |   |                            |                                |                  |   |                           |
|                                   |  |                                       |  |              |                 |   |                            |                                |                  |   |                           |
|                                   |  |                                       |  |              | City            |   |                            |                                | F                | Zip Co                                    | ode                       |
| 8. The abov                       | e named entity submits this stateme  | nt for the nu                         | roose of changing its  |              | -1 -40          |   |                            |                                |                  |   |                           |
|                                   | the state of the s | nicion the pu                         | >> ,   | registere    | а опісе с       | or registered ag                            | gent, o                    |                                | Florida.         |   |                           |
| SIGNATURE                         |  |                                       |  |              |                 |   |                            | / W.                           |                  |   |                           |
|                                   | Signature, typed or printed name of registered a   | gent and title if a                   | applicable. (NOTE  | : Registered | Agent signa     | ature required when re                      | einstating                 | ng)                            | DATI             |   |                           |
|                                   |  |                                       |  |              |                 |   |                            |                                |                  |   |                           |
|                                   |  |                                       | FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department o  Due By May 1, 2002 |              |                 | φου.υυ<br>tment of Sta                      |                            |                                |                  |   | •                         |
|                                   |  |                                       |  |              |                 | 1111em of Sta<br>12                         | le                         |                                |                  |   |                           |
| 9.                                | MANAGING MEN   | AREDS / MA                            |  |              |                 |   |                            |                                |                  |   |                           |
| TITLE                             | 1 To Table   | VIDEI 137 IVIA                        |  | 10.          |                 | 44.00                                       |                            | ADDITION                       | S/CHANG          |   |                           |
| NAME                              | AS CONTRACT OF   | •                                     | ☐ Delete   | TITLE        |                 | MGR   | _                          |                                |                  | Change                                    | Addition Addition         |
| STREET ADDRESS                    |  |                                       |  | NAME         | AODRESS         | CHKIS                                       | TIN                        | NS SIMP                        |                  |   | 10                        |
| CITY-ST-ZIP                       |  |                                       |  | CITY-S       |                 | 13615                                       | 2.                         | DIXIE HV                       | νy. <del>-</del> | - 114 -3                                  | 10                        |
| TITLE                             |  |                                       |  | ┪            |                 | MIAIN                                       | <u>Ļ</u> _                 | VE SIMS<br>DIXIEHV<br>FLORIDA  | <u>′ 33</u>      | 176                                       | _                         |
| NAME                              | ]  |                                       | ☐ Delete   | TITLE        |                 | MANA  | Gia                        | ug memb<br>Sims                | EPL :            | Change                                    | Addition (                |
| STREET ADDRESS                    | į  |                                       |  | NAME         | ADDDCCC         | YVONN                                       | υĒ                         | Sims                           |                  |   |                           |
| CITY-ST-ZIP                       | ,  |                                       |  | CITY-S       | ADDRESS         | 320 1                                       | DA                         | KATA N                         | . W .            |   |                           |
| TITLE                             |  |                                       |  |              | 1-217           | GRAM  | <u>م</u> د                 | KOTA N                         | UT L             | 19544                                     |                           |
| NAME                              |  |                                       | ☐ Delete   | TITLE        |                 |   | •                          | - 10 ( 1.22 ) /                |                  | Change                                    | ☐ Addition                |
| STREET ADDRESS                    |  |                                       | · · · · · · · ·  | NAME         |                 | ' -   |                            | ينتوني 👵 ما ند                 |                  |   | *··                       |
| CITY-ST-ZIP                       |  |                                       |  | CITY-S       | ADDRESS         |   |                            |                                |                  |   |                           |
| TITLE                             |  | · · · · · · · · · · · · · · · · · · · |  |              | - ZIF           |   |                            |                                |                  | ·   |                           |
| NAME                              |  |                                       | Delete   | TITLE        |                 |   |                            |                                |                  | Change                                    | ☐ Addition                |
| STREET ADDRESS                    |  |                                       |  | NAME         |                 |   |                            |                                |                  | •   |                           |

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.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

☐ Delete

☐ Delete

305-251-6591

☐ Change

☐ Change

Addition

Addition