

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92174 020 *****55.00

DOCUMENT # L01000009805

1. Entity Name

OMAS INVESTMENT L.L.C.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1113991**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROUNDTREE, ROBERT
547 NW 9TH AVENUE, SUITE 9
FORT LAUDERDALE FL 33311**

7. Name and Address of New Registered Agent

Name **O.J. ODUNNA**

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

2341 NW 34th AVE.

City **Lauderdale Lakes FL 33311**

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

OJ ODUNNA

4/30/03

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **SIMS, CHRISTINE**
STREET ADDRESS **13615 S. DIXIE HWY #114-310**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **SIMS, CHRISTINE**
STREET ADDRESS **13615 S. DIXIE HWY. #114-310**
CITY-ST-ZIP **MIAMI, FLORIDA 33176**

TITLE **MGRM** ☒ Delete
NAME **SIMS, YVONNE**
STREET ADDRESS **320 DAKOTA N.W.**
CITY-ST-ZIP **GRAND RAPIDS MI 49544**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

[Signature]
CHRISTINE SIMS

4/30/03

(305)

957-9147
Daytime Phone #

CR2E083 (10/02)