

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L21183

1. Entity Name

OMNIFOAM INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90021 003 ***158.75

Principal Place of Business

11000 N.W. 32nd. AVENUE
MIAMI, FLORIDA 33167

Mailing Address

11000 N.W. 32nd. AVENUE
MIAMI, FLORIDA 33167

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

65-0152027

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SALAMA, ALBERTO M.
11000 N.W. 32 AVENUE
MIAMI, FLORIDA 33167

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME ALBERTO M. SALAMA T.
STREET ADDRESS 401 Holiday Drive
CITY-ST-ZIP Hallandale, Florida 33009 ☐ DeleteTITLE S
NAME ELIAS M. SALAMA T.
STREET ADDRESS 3802 N.E. 207 Street TH#7
CITY-ST-ZIP AVENTURA, FLORIDA, 33180 ☐ DeleteTITLE T
NAME SAMUEL M. SALAMA T/-
STREET ADDRESS 21155 Helmsman Drive, Unit M12
CITY-ST-ZIP AVENTURA, FLORIDA 33180 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/01

Date

305-937802

Daytime Phone #

CR2E034 (11/00)