

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L45613

1. Entity Name

OMNI LAND COMPANY, INC.

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90251 013 \*\*\*150.00

Principal Place of Business

524 FERNWOOD RD  
KEY BISCAIYNE FL 33149  
US

Mailing Address

524 FERNWOOD RD  
KEY BISCAIYNE FL 33149-1842  
US

2. Principal Place of Business

1570 MADRUGA AVE.

3. Mailing Address

1570 MADRUGA AVE.

Suite, Apt. #, etc.

SUITE # 305

Suite, Apt. #, etc.

SUITE # 305

City & State

CORAL GABLES, FLA.

City & State

CORAL GABLES, FLA.

4. FEI Number

65-0188842

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

33146

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUILARTE, OLGA  
~~524 FERNWOOD RD~~  
~~KEY BISCAIYNE FL 33149~~

7. Name and Address of New Registered Agent

Name

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

1570 MADRUGA AVE

SUITE 305

City

CORAL GABLES

FL

Zip Code

33146

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

OLGA GUILARTE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/15/2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP  
NAME RUSSELL, LUTHER J.  
STREET ADDRESS 465 RIVERSIDE DR  
CITY-ST-ZIP STUART FL 34994 ☐ Delete

TITLE S  
NAME WAKEFIELD, THOMAS H  
STREET ADDRESS 1028 COTORRO  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE VP  
NAME GUILARTE, OLGA  
STREET ADDRESS 524 FERNWOOD ROAD  
CITY-ST-ZIP KEY BISCAIYNE FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 34994 ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS 1570 MADRUGA, SUITE 305  
CITY-ST-ZIP CORAL GABLES, FLA 33146 ☐ Change ☐ Addition

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

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

TITLE  
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:

OLGA GUILARTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2000

Date

(305) 740-0022

Daytime Phone #

CR2F034 (9/99)