

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

mm

DOCUMENT # L99000003601

1. Entity Name
OMEGA POINT CONSULTING, L.L.C.

Principal Place of Business
12 SOMERSET DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address
12 SOMERSET DRIVE
PALM BEACH GARDENS FL 33418-4579

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

EIN # 65-0932551

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, SHEILA J
12 SOMERSET DRIVE
PALM BEACH GARDENS FL 33418

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM
STREET ADDRESS SMITH, SHEILA J
CITY - ST - ZIP 12 SOMERSET DRIVE
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100003228841--6
CITY - ST - ZIP -04/28/00--01065--014
*****50.00 *****50.00

TITLE NAME MGRM
STREET ADDRESS DOCTOR, MARY SILVA
CITY - ST - ZIP 12 SOMERSET DRIVE
PALM BEACH GARDENS FL 33418 ☒ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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:

Sheila J. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

561-624-7422

CR2E083 (9/99)