

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97481

1. Entity Name

OMM ASSOCIATES, INC.

FILED

Apr 18, 2000 8:00 am  
Secretary of State

04-18-2000 90260 021 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O KONOVER & ASSOCIATES SOUTH, INC.  
7000 W. PALMETTO PARK ROAD, STE. #408  
BOCA RATON FL 33433

C/O KONOVER & ASSOCIATES SOUTH, INC.  
7000 W. PALMETTO PARK ROAD, STE. #408  
BOCA RATON FL 33433-3430

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

13-3486179

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CPD ☐ Delete  
NAME KONOVER, SIMON  
STREET ADDRESS 342 N. MAIN ST., STE. #200  
CITY-ST-ZIP WEST HARTFORD CT 06107

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

TITLE VS ☐ Delete  
NAME ASHENFELTER, MARIA  
STREET ADDRESS 7000 W. PALMETTO PARK RD., STE. #408  
CITY-ST-ZIP BOCA RATON FL 33433

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

TITLE AS ☐ Delete  
NAME SILVAY, SANDRA G  
STREET ADDRESS 342 N. MAIN ST., STE. #200  
CITY-ST-ZIP WEST HARTFORD CT 06107

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

TITLE T ☒ Delete  
NAME COPPA, JANE K  
STREET ADDRESS 7000 W. PALMETTO PARK RD., STE. #408  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☒ Addition  
NAME Kristen Mirrione  
STREET ADDRESS 7000 West Palmetto Park Road Suite 408  
CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Kristen Mirrione, Treasurer

Date

Daytime Phone #

4/10/00

(561) 394-4224