2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 AM
Secretary of State

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Entity Name: OMEGA EDUCATIONAL RESEARCH CORPORATION

Current Principal Place of Business:

14043 S.W. 142ND STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15134
MIAMI, FL 33101

New Mailing Address:

FEI Number: 03-0377959 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYLES, JOSEPH H 3RD
14043 S.W. 142ND STREET
MIAMI, FL 33186

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	RYLES, JOSEPH H 3RD	
Address:	14043 S.W. 142ND STREET	
City-St-Zip:	MIAMI, FL 33186	
Title:	V	( ) Delete
Name:	MCCLURE, KEITH R	
Address:	14043 S. W. 142ND STREET	
City-St-Zip:	MIAMI, FL 33186	
Title:	S	( ) Delete
Name:	CHIN, NOEL A	
Address:	14043 S.W. 142ND STREET	
City-St-Zip:	MIAMI, FL 33186	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	HARRIS, WILLIAM	
Address:	14043 S.W. 142ND STREET	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Change (X) Addition
Name:	LEE, JOSEPH	
Address:	14043 S.W. 142ND STREET	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Change (X) Addition
Name:	OROWON, FLORELLA	
Address:	14043 S.W. 142ND STREET	
City-St-Zip:	MIAMI, FL 33186	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH H. RYLES, 3RD P 02/07/2002

Electronic Signature of Signing Officer or Director — Date