

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002276

1. Entity Name

OMCO, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90192 040 \*\*\*\*61.25

Principal Place of Business Mailing Address  
10680 NW 25 Street 10680 NW 25 Street  
Miami, FL 33172 Miami, FL 33172

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**638661**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, JOHN  
10680 NW 25 Street  
Miami, FL 33172

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. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIVERA, JOHN	
STREET ADDRESS	10680 NW 25 St	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, PETER	
STREET ADDRESS	10680 NW 25 St	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOLODGY, RICHARD	
STREET ADDRESS	10680 NW 25 St	
CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	DURAND, JORGE	
STREET ADDRESS	10680 NW 25 St	
CITY-ST-ZIP	Miami, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

JOHN RIVERA 4-10-00 305-593-0044

Date

Daytime Phone #

CR2E037 (9/99)