

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
04-26-2001 90011 026 \*\*\*\*61.25

0043251

**DOCUMENT # N97000002276**

1. Entity Name

**OMCO, INC.**

Principal Place of Business

**10680 NW 25 STREET  
MIAMI FL 33172**

Mailing Address

**10680 NW 25 STREET  
MIAMI FL 33172**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RIVERA, JOHN  
10680 NW 25 STREET  
MIAMI FL 33172**

7. Name and Address of New Registered Agent

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 \$61.25**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIVERA, JOHN	
STREET ADDRESS	10680 NW 25TH ST	
CITY - ST - ZIP	MIAMI FL 33172	

TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, PETER	
STREET ADDRESS	10680 NW 25TH ST	
CITY - ST - ZIP	MIAMI FL 33172	

TITLE	D	<input type="checkbox"/> Delete
NAME	KOLODGY, RICHARD	
STREET ADDRESS	10680 NW 25TH ST	
CITY - ST - ZIP	MIAMI FL 33172	

TITLE	D	<input type="checkbox"/> Delete
NAME	DURAND, JORGE	
STREET ADDRESS	10680 NW 25 STREET	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY - ST - ZIP		

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**

Date

**4-16-01**

Daytime Phone #

**305-593-0044**

CR2E037 (10/00)