

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001401

1. Entity Name

OMNI BOOSTER CLUB, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90061 050 ****61.25

Principal Place of Business

Mailing Address

10351 NE 5TH AVE
MIAMI FL 33138

10351 NE 5TH AVE
MIAMI FL 33138-2038

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

91-1972751

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

ORTH, SCOTT A ESQ.
1380 NE MIAMI GARDENS DR
#255
MIAMI FL 33179

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete
NAME LOGAN-HYNES, KIMBERLY
STREET ADDRESS 302 NE 100 ST
CITY-ST-ZIP MIAMI FL 33138

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

TITLE DP ☐ Delete
NAME DEL GROSSO, ELAINE
STREET ADDRESS 246 N.E. 105 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

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

TITLE DS ☐ Delete
NAME WALKER, PATRICIA
STREET ADDRESS 972 NE 93 ST
CITY-ST-ZIP MIAMI FL 33138

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

TITLE DS ☐ Delete
NAME LESHANSKY, MARIA
STREET ADDRESS 11701 NE 9TH AVE
CITY-ST-ZIP BISCAYNE PARK FL 33161

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

TITLE DV ☐ Delete
NAME MCADAMS, MARY ANNE
STREET ADDRESS 1218 N.E. 98 STREET
CITY-ST-ZIP MIAMI SHORES FL 33138

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

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

Date

Daytime Phone #

5-1-00 3057563925

CR2E037 (9/99)