

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 99000003987

1. Entity Name

OMEGA TRUST, INC

APPROVED  
AND  
FILED

00 NOV 29 PM 3:55

Principal Place of Business

Mailing Address

23118 SANDALFOOT SQUARE

SUITE A  
BOCA RATON FL. 33428

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

23118 SANDALFOOT SQ

23118 SANDALFOOT SQ.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

A

City & State

City & State

BOCA RATON FL

BOCA RATON FL.

Zip

Zip

Country

Country

33428

33428

4. FEI Number

65-0905054

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

MORRIS A. GILSON  
1810 SABEL DR  
DEERFIELD BEACH  
FL. 33428

Name MORRIS A. GILSON  
Street Address (P.O. Box Number is Not Acceptable)  
1810 SABEL DRIVE  
City DEERFIELD BEACH FL Zip Code 33442

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 NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☒ Addition  
STREET ADDRESS  
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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 #

CR2E037 (9/99)

• - Omega Trust Incorporated  
A 501-C3 Corporation 65-0905054  
23118A SANDALFOOT PLAZA DRIVE  
BOCA RATON, FL 33428-6627



Phone (561) 883-7847 Fax (561) 883-9846  
debtcon@bellsouth.net

November 9, 2000

To Whom it may concern,

Enclosed is the Uniform Business Report (UBR) needed to reinstate Omega Trust Inc. as a Florida corporation. We have already submitted the payment to the Division of Corporations, however the corporation was dissolved without notification to us. When we noticed that the status of the corporation was inactive we called the Division of corporations it was not until then that we were informed that we did not list the required amount of officers on the application.

We have revised the application and made the necessary corrections, in addition, enclosed please find another check in the amount of sixty one dollars and twenty five cents (\$61.25) to reinstate the corporation. If this additional payment is not needed please be kind to return the check back to us.

I would greatly appreciate the reinstatement of this corporation in a expeditious manner. Should you have any questions or may request any additional information, please feel free to call me at (561) 883-1881 x 214.

In advance, thank you for your prompt cooperation in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Charles A. Valvo". The signature is written in dark ink and is positioned above a horizontal line.

Charles A. Valvo  
President Omega Trust Inc.