

FILED

Jun 26, 2001 8:00 am
Secretary of State

05-23-2001 91167 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000016804

1. Entity Name

Omega Art, Inc.

UA

2. Principal Place of Business

Mailing Address

Omega Art, Inc.
1161 SW 26 Terrace
Ft. Lauderdale, FL 33312-3019

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

65-0992164

Address For

Mail App. Code

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

-- DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jorge Olave
1161 SW 26 Terrace
Ft. Lauderdale, FL 33312

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.

Jorge E. Olave

JUNE 20/2001

(1) (2) Registered Agent's signature required when registering

DATE

9. If a corporation is a debtor to satisfy its intangible
filing requirement and elects to do so
Select one or both:☐

FILE NO WILL FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	Manulanda, Juan C.	2231 SW 22 Terrace	Ft. Lauderdale, FL 33305	☒
VD	Sierra, Jorge E.	2231 SW 22 Terrace	Ft. Lauderdale, FL 33305	☐
SD	Sierra, Luz M.	2231 SW 22 Terrace	Ft. Lauderdale, FL 33305	☒
TD	Olave, Elizabeth	2231 SW 22 Terrace	Ft. Lauderdale, FL 33305	☒
				☐
				☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADD
PD	Olave, Jorge	1161 SW 26 Terrace	Ft. Lauderdale, FL 33312-3019	☒	☒
VPD	Maria C. Ayala-Barona	2851 NE 183 St., Apt. #1816W	Aventura, FL 33160	☐	☒
				☐	☐
				☐	☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information provided in 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, officer or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or 12 of this report. If I am not an officer or director, receiver or trustee, I am an authorized representative of the entity.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer or Director