

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90055 030 ***150.00

LUUUJ5UJ



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000044268

1. Entity Name
OMM ENTERPRISES INC

Principal Place of Business
**8100 SW 178 ST.
MIAMI FL 33157**

Mailing Address
**8100 SW 178 ST.
MIAMI FL 33157**

2. Principal Place of Business
18547 SW 104th Ave

3. Mailing Address
P.O. Box 972090

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami FL

Zip
33157

Country
USA

Zip
33197

Country
USA

4. FEI Number
65-1008258

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIEW, ANDREW
8100 SW 178 ST.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name
Andrew Siew

Street Address (P.O. Box Number is Not Acceptable)
18547 S.W. 104th Ave.

City
Miami

FL

Zip Code
33157

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 **Res** **1/8/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! 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

TITLE PSD	<input checked="" type="checkbox"/> Delete
NAME SIEW, ANDREW	
STREET ADDRESS 8100 SW 178 ST.	
CITY-ST-ZIP MIAMI FL 33157	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME SIEW, DIANNE	
STREET ADDRESS 8100 SW 178 ST.	
CITY-ST-ZIP MIAMI FL 33157	
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Siew Andrew	
STREET ADDRESS 18547 S.W. 104th Ave	
CITY-ST-ZIP Miami FL 33157	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Siew Dianne	
STREET ADDRESS 18547 S.W. 104th Ave	
CITY-ST-ZIP Miami FL 33157	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Res** **1/8/2001** **305.969-1112**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)