

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-28-2002 91667 001 ***300.00

DOCUMENT # P00000052717 ✓

1. Entity Name

Omni Records, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6743 Magnolia Ct.

3. Mailing Address

P.O. Box 610158

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S. Miami, FL

City & State

n. Miami, FL

Zip

33143

Country

Dad

Zip

33241

Country

Dad

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Andrew Rappaport

Street Address (P.O. Box Number is Not Acceptable)

1221 Kane Concourse

Bay Harbor Islands FL

Zip Code

33154

**DO NOT WRITE
IN THIS SPACE**

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
Victoria Bonitto (Director)
6743 Magnolia Ct.
S. Miami FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Raymond Bonitto (Director)
6743 Magnolia Ct.
S. Miami FL 33143

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Victoria Bonitto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

305-722-7292

Daytime Phone #

CR2E034B (12/01)