

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-11-2001 90463 018 ***150.00

DOCUMENT # P00000055426

1. Entity Name

OMEGA ONE RESEARCH, INC.

Principal Place of Business

365 FANSHAW I
 BOCA RATON FL 33434

Mailing Address

365 FANSHAW I
 BOCA RATON FL 33434

2. Principal Place of Business

3100 NW BOCA RATON BLVD

Suite, Apt. #, etc.

SUITE 403

City & State

BOCA RATON, FL

Zip

33431

Country

3. Mailing Address

3100 NW BOCA RATON BLVD

Suite, Apt. #, etc.

STE 403

City & State

BOCA RATON, FL

Zip

33431

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

03-1028855

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN, STEPHEN L
 737 E. ATLANTIC BLVD.
 POMPANO BCH FL 33060

7. Name and Address of New Registered Agent

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

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 NAME ☐ Delete

D
 HERSCH, CAROL R
 365 FANSHAW I
 BOCA RATON FL 33434

TITLE NAME ☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X Cheryl R. Hersch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4-30-2001

Date

Daytime Phone #

CR2E034 (10/00)