

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90026 044 \*\*\*150.00

**DOCUMENT # P00000055960**

1. Entity Name

OMNI EQUITIES CORPORATION



Principal Place of Business

200 EAST OLAS BLVD  
STE 1660  
FORT LAUDERDALE FL 33301

Mailing Address

200 EAST OLAS BLVD  
STE 1660  
FORT LAUDERDALE FL 33301

34020331



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

72-1520410

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DOUGLAS, BISCHOFF K ESQ.  
200 EAST LAS OLAS BLVD  
STE 1660  
FORT LAUDERDALE FL 33301

Name

FRANCHESCA RHODIS, ESQ.

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

200 E. LAS OLAS BLVD. #1660

City

FT. LAUDERDALE

FL

Zip Code

33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VS ☐ Delete  
NAME ZIPES, RICHARD D  
STREET ADDRESS 200 EAST LAS OLAS BLVD STE 1660  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE DP ☐ Delete  
NAME FRIEDMAN, WILLIAM S  
STREET ADDRESS 200 EAST LAS OLAS BLVD STE 1660  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VT ☐ Delete  
NAME RUBENSTEIN, CHARLES D  
STREET ADDRESS 200 EAST LAS OLAS BLVD STE 1660  
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 607, 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 #