

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90255 019 ***150.00

DOCUMENT # P00000060482

1. Entity Name
OMI OF JACKSONVILLE, INC.



Principal Place of Business
**3716 UNIVERSITY BLVD. SOUTH
SUITE 2
JACKSONVILLE FL 32216**

Mailing Address
**801 SOUTH UNIVERSITY DRIVE
SUITE K103A
PLANTATION FL 33324**

11017732



2. Principal Place of Business

3. Mailing Address

The OMI Group, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2200 N. Commerce Parkway

City & State

Suite 100

Zip

Weston, FL 33326

Country

US

4. FEI Number

65-1066780

Applied For

Not Applicable

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

**DELGADO, MARIO R ESQ
2000 PONCE DE LEON BLVD.
SUITE 102
CORAL GABLES FL 33134**

Name

MARIO R. DELGADO, P.A.

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

2000 PONCE DE LEON BLVD, SUITE 102

City

CORAL GABLES

FL

Zip Code

33134

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSTD**
STREET ADDRESS **ACOSTA, NELSON**
CITY-ST-ZIP **801 SOUTH UNIVERSITY DRIVE SUITE K103A
PLANTATION FL 33324**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03 954-888-6411

Date

Daytime Phone #

CR2E034 (10/02)