

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90206 039 ***150.00

DOCUMENT # P00000076153

1. Entity Name
OMNI SOLUTIONS CORPORATION

Principal Place of Business
940 LINCOLN RD. STE 319
MIAMI FL 33139

Mailing Address
940 LINCOLN RD. STE 319
MIAMI FL 33139

2. Principal Place of Business
439 15th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number
65-1085781

Applied For
 Not Applicable

Zip
33139

Country
Dade

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

PHILIPS, DAVID ESQ
940 LINCOLN RD, STE 319
MIAMI FL 33139

Name **Philips David ESQ**
 Street Address (P.O. Box Number is Not Acceptable)
757 Washington Ave
2. Floor
 City **Miami** **FL** Zip Code **33139**

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS**
 NAME **HAIHIS, VOLKER**
 STREET ADDRESS **715 15TH ST**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PS**
 NAME **Haiges, Volker**
 STREET ADDRESS **439 15th Street**
 CITY-ST-ZIP **Miami Beach FL 33139**

TITLE **V**
 NAME **SIGURDSSON, BRAGI**
 STREET ADDRESS **715 15TH ST**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **V**
 NAME **Sigurdsson, Bragi**
 STREET ADDRESS **439 15th Street**
 CITY-ST-ZIP **Miami Beach FL 33139**

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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 an other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (10/00)