

01 UNIFORM BUSINESS REPORT (UBR)

Amended

DOCUMENT # P00000081358

Entity Name

OMEGA MANAGEMENT 2000, INC.

FILED

01 MAY 21 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]

DO NOT WRITE IN THIS SPACE

Principal Place of Business 6209 W COMMERCIAL BLVD SUITE 7 FT LAUDERDALE, FL 33319		Mailing Address same	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1035107		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESCOBAR, LUIS A JR 6209 W COMMERCIAL BLVD, STE 7 FT LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name BACHI, PHILLIP L Street Address (P.O. Box Number is Not Acceptable) 6209 W COMMERCIAL BLVD, STE 7 City FT LAUDERDALE, FL Zip Code 33319	
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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 PHILLIP L. BACHI, PRES. *Phillip L Bachi* 05-18-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ESCOBAR, LUIS A JR 6209 W COMMERCIAL BLVD, STE 7 FT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BACHI, PHILLIP L 6209 W COMMERCIAL BLVD, STE 7 FT LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BACHI, PHILLIP L 6209 W COMMERCIAL BLVD #7 FT LAUDERDALE, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	90000429979--1 -06/19/01--01073--001 *****61.25 <input type="checkbox"/> *****61.25 <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: PHILLIP L. BACHI, PRES. *Phillip L Bachi* 05-18-01 954-410-4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)