

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90325 009 ***150.00

DOCUMENT # P00000081358

1. Entity Name

OMEGA MANAGEMENT 2000, INC ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9900 W. SAMPLE Rd

Suite, Apt. #, etc.

THIRD FLOOR

CORAL SPRINGS, FL

Zip 33065

Country U.S.A

3. Mailing Address

9900 W. SAMPLE Rd

Suite, Apt. #, etc.

THIRD FLOOR

CORAL SPRINGS, FL

Zip 33065

Country USA

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4. FEI Number

65-1035107

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PHILLIP L. BACHI

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

9900 W. SAMPLE Rd. Third Floor

City CORAL SPRINGS

FL

Zip Code 33065

**DO NOT WRITE
IN THIS SPACE**

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 PHILLIP L. BACHI, PRES 04-28-02

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

(NOTE: Registered Agent Signature required when reappointing)

Date

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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 D.P.V.S.T.
NAME PHILLIP L. BACHI
STREET ADDRESS 9900 W. SAMPLE Rd. Third Floor
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Phillip L. Bachi PHILLIP L. BACHI 04-28-02 954-3445146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E034B (12/01)