## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## P01000012927 **DOCUMENT#**

1. Entity Name OMNI DIMENSIONS, INC.

Principal Place of Business

**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90410 038 \*\*\*150.00

DAVIE FL 33	1331	133	15751 SHERIDAN STREET STE 133 DAVIE FL 33331							) 		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.  City & State			_	☐ CHECK HERE IF MAKING CHANGES					
						4. /	4. FEI Number 65-1125811 Applied For					
Zip	0	Country	· Zip		Country					\$8.75 A	Not Applicable	
	6. Name and	gistered Agent			l	5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent						
		THE THE THE	gistered Agent		Name	7. N	lame and Add	ress of New R	legistere	d Agent		
SARDINA	s, Jesus						•					
15751 SHERIDAN STREET STE 133				Street Address			s (P.O. Box Number is Not Acceptable)					
DAVIE FL	33331											
	•											
		<b></b>			City				F	Zip Co		
SIGNATURE	Signature, typed or prin	ted name of registered agent and a			ed office or regi			he State of Flo	rida. Lan	n familiar with	, and accept	
<del>******</del>	FILE NOWILLE	EE-IS-\$150,00			<u></u>					<del></del>		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			ate		,		<b>9.</b> Election Trust Fur	Campaign Finand Contribution	ancing n.	<b>\$5.0</b> Adde	00 May Be ed to Fees	
10.	OFFICERS AND DIRECTORS			11.		ADD	DITIONS/CHAN	IGES TO OFFI	CERS AN	D DIBECTOR	2S INI 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARBINAS, JES 15751 SHERIDO DAVIE FL 3333	ON ST #133	☐ Delete							☐ Change	Addition	
TITLE NAME		·	☐ Delete	TITLE	ı					☐ Change	Addition	
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CITY-ST-ZIP					ST-ZIP							
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NAME			_ 5050	NAME						☐ Change	☐ Addition	
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CITY-ST-ZIP				CITY-S								

indicated on this report or supplemental report is the and accurate by that the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information of the corporation or the receiver or trustee employered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

954-609-5667