

FILED
May 29, 2002 8:00 am
Secretary of State

04-15-2002 90069 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019500

1. Entity Name

OMNI FINANCIAL SOLUTIONS, INC.

Principal Place of Business

11630 NW 56TH DR. # 116
 CORAL SPRINGS FL 33076

Mailing Address

11630 NW 56TH DR. # 116
 CORAL SPRINGS FL 33076

2. Principal Place of Business

1125 Crystal Way

Suite, Apt. #, etc.

Apt. A

City & State

Delray Beach, FL

Zip

33444

Country

3. Mailing Address

1125 Crystal Way

Suite, Apt. #, etc.

Apt. A

City & State

Delray Beach, FL

Zip

33444

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1081366** Applied For ☐
 Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RUSSO, USA

11630 NW 56TH DR. # 116
 CORAL SPRINGS FL 33076

7. Name and Address of New Registered Agent

Name

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

1125 Crystal Way Apt A

City

Delray Beach

State

FL

Zip Code

33444

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

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

(NOTE: Registered Agent signature required when reissuing)

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Lisa Russo	1125-A Crystal Way	Delray Beach FL 33444	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td></td>	CITY-ST-ZIP <td><input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td> </td>	<input type="checkbox"/> Change <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Addition
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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)(l), 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)