

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

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-13-2002 90158 003 ***150.00

DOCUMENT # *P01000021249* ✓

1. Entity Name

OMC LATIN AMERICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12244 S.W. 130 STREET

3. Mailing Address
12244 S.W. 130 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1082143

Applied For
Not Applicable

Zip 33186 **Country** USA

Zip 33186 **Country** USA

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

DO NOT WRITE IN THIS SPACE

91300

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RICARDO M. SCHOENING

Street Address (P.O. Box Number is Not Acceptable)
12244 S.W. 130 STREET

City MIAMI **FL** **Zip Code** 33186

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]* **RICARDO M. SCHOENING**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5.31.02

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 NAME STREET ADDRESS CITY-ST-ZIP	RICARDO M. SCHOENING 14201 S.W. 97 AVENUE MIAMI, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JANNETTE CHAVEZ 11855 S.W. 43 STREET MIAMI, FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SERGIO M. CERDAS 12244 S.W. 130 STREET MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EUSEBIO J. CADENA 3945 ADRA AVENUE MIAMI, FL 33178	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *[Signature]* **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02 **305-969-4545**
Date Daytime Phone #

CR2E0348 (12/01)