

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90160 021 ***150.00

DOCUMENT # P01000026966

1. Entity Name
OMNICS INTERNATIONAL CORPORATION

Principal Place of Business
1415 Chaffee Drive Ste. 111
Titusville, FL 32780

Mailing Address
12472 Lake Underhill Rd. #272
Orlando, FL 32828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1415 Chaffee Drive Ste. 111
Titusville, FL 32780

3. Mailing Address

12472 Lake Underhill Rd. #272
Orlando, FL 32828

4. FEI Number

59-3659235

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARRERO, LOUIS
12013 Lake Cypress Circle
Apt. 106
Orlando, FL 32828

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

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 **PRESIDENT / DIRECTOR** ☐ Delete
NAME **LOUIS MARRERO**
STREET ADDRESS **12013 Lake Cypress Cir. # 106**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **DIRECTOR.** ☐ Delete
NAME **S. DEAN MARTIN**
STREET ADDRESS **20462 Chartwell Center**
CITY-ST-ZIP **CORNELIUS, NC 28031**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUIS MARRERO, Pres/CEO

Date **2/1/02** **Daytime Phone #** **(407) 421 1124**