

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90107 034 ***550.00

DOCUMENT # P01000032102**1. Entity Name**
OH MY INC.**Principal Place of Business**
700 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33444-2560
US**Mailing Address**
7417 NW 48 STREET
LAUDERHILL FL 33319
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1138108

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****LAW OFFICE OF HERMAN STEVENS**
151 NE 5TH AVENUE
DELRAY BEACH FL 33483**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. I am familiar with, and accept the obligations of registered agent.**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 \$550.00**
After September 13, 2002 Fee will be \$750.00
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** **P** ☐ Delete
NAME **BOLDEN, CHRIS B**
STREET ADDRESS **7417 NW 48TH STREET**
CITY-ST-ZIP **LAUDERHILL FL 33319****TITLE** **V** ☐ Delete
NAME **LEONARD, SHATENDA L**
STREET ADDRESS **7417 NW 48TH STREET**
CITY-ST-ZIP **LAUDERHILL FL 33319****TITLE** **S** ☐ Delete
NAME **BOLDEN, CELESTE G**
STREET ADDRESS **7417 NW 48TH STREET**
CITY-ST-ZIP **LAUDERHILL FL 33319****TITLE** **T** ☐ Delete
NAME **LEONARD, LOVETT**
STREET ADDRESS **7417 NW 48TH STREET**
CITY-ST-ZIP **LAUDERHILL FL 33319****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:** MIGNA BIRIS LOUIRE Chris B. Bolden 9/11/02 (954) 829-2351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)