

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000037397

1. Entity Name

OMAR & ANA INVESTMENTS CORP.

Principal Place of Business

Mailing Address

9507 NW 70 PL
TAHARAC, FLORIDA
33321

9507 NW 70 PL
TAHARAC, FLORIDA
33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OMAR DE JESUS CANO
9507 NW 70 PL
TAHARAC, FLORIDA 33321

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME OMAR DE JESUS CANO
STREET ADDRESS 9507 NW 70 PL
CITY-ST-ZIP TAHARAC, FLORIDA 33321

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

TITLE D ☐ Delete
NAME ANA P. LINCO
STREET ADDRESS 9507 NW 70 PL
CITY-ST-ZIP TAHARAC FLORIDA 33321

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-02

Date

786-201-5934

Daytime Phone #

CR2E034 (11/00)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90004 037 ***150.00

427763

DO NOT WRITE IN THIS SPACE