

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90050 023 ***158.75

DOCUMENT # P01000044906

1. Entity Name
OMEGA ENGINEERING, INC.

Principal Place of Business
15540 SHARPE CROFT DRIVE
MIAMI LAKES FL 33014

Mailing Address
15540 SHARPE CROFT DRIVE
MIAMI LAKES FL 33014

2. Principal Place of Business
7392 SW 78 COURT
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

4. FEI Number
65-1099986

Applied For
Not Applicable

Zip
33143

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name **ALEJANDRO BETANCOURT**
Street Address (P.O. Box Number is Not Acceptable) **7392 SW 78 COURT**
City **MIAMI** **FL** **Zip Code** **33143**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/22/02**

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **VALERA, YOLANDA**
STREET ADDRESS **15540 SHARPE CROFT DRIVE**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

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

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CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ALEJANDRO BETANCOURT** ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **7392 SW 78 COURT**
CITY-ST-ZIP **MIAMI FL 33143**

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

TITLE ☐ **Change** ☐ **Addition**
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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

DATE **2/22/02** **(305) 595-3032**
 Daytime Phone #

CR2E034 (9/01)