

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90149 030 ***158.75

DOCUMENT # PO1000047296

1. Entity Name

OME Enterprise of USA Inc.

DO NOT WRITE IN THIS SPACE

87054

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

PMB-322
Suite 7
6230 W. Indianwood Rd.
Jupiter, FL 33458
USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jefferson E. Mesidor

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

4267 N.W. Federal Highway

#221

City

Jensen Beach

FL

Zip Code

34957

**DO NOT WRITE
IN THIS SPACE**

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 Jefferson E. Mesidor

Signature typed or printed name of registered agent and not acceptable.

(Not if the registered agent signature required when re-registering)

4/29/02

DATE

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 \$500.00

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	<u>President</u>
NAME	<u>Marie Glenn</u>
STREET ADDRESS	<u>P.O. Box 1993</u>
CITY-ST-ZIP	<u>Jensen Beach, FL 34958-1993</u>
TITLE	<u>Vice President</u>
NAME	<u>Marie Glenn</u>
STREET ADDRESS	<u>P.O. Box 1993</u>
CITY-ST-ZIP	<u>Jensen Beach, FL 34958-1993</u>
TITLE	<u>Secretary</u>
NAME	<u>Marie Glenn</u>
STREET ADDRESS	<u>P.O. Box 1993</u>
CITY-ST-ZIP	<u>Jensen Beach, FL 34958-1993</u>
TITLE	<u>Treasurer</u>
NAME	<u>Marie Glenn</u>
STREET ADDRESS	<u>P.O. Box 1993</u>
CITY-ST-ZIP	<u>Jensen Beach, FL 34958-1993</u>
TITLE	
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CITY-ST-ZIP	

**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 (073)(b), 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 empowered.

SIGNATURE: Marie Glenn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (561) 747-8385

DATE

Display Phone #