

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90122 047 ***150.00

DOCUMENT # *P01000069428*

1. Entity Name

Omni International ENTERTAINMENT, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

846 NW 135 Terrace
Suite, Apt. #, etc.

3. Mailing Address

846 NW 135 Terrace
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL.

City & State

Pembroke Pines, FL.

4. FEI Number

"applied for"

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

33028

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

TIFFANY NIEVES

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

846 NW 135 Terrace

City

Pembroke Pines

FL

Zip *33028*

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 of the 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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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
NAME
STREET ADDRESS
CITY - ST - ZIP**

*President/CEO
TIFFANY Nieves
846 NW 135 Terrace
Pembroke Pines, FL 33028*

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

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NAME
STREET ADDRESS
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 119.07(3)(f), 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 registered 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 officers empowered.

SIGNATURE:

[Signature]

TIFFANY Nieves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

954-442-1550

DATE

Daytime Phone #

CR2E034B (12/01)