

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90145 016 ***150.00

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1. Entity Name
OMNI RIVER HOUSE CORP.



Principal Place of Business
**333 LAS OLAS WAY
FT LAUDERDALE FL 33301**

Mailing Address
**200 EAST LAS OLAS BLVD
1660
FT LAUDERDALE FL 33301**



2. Principal Place of Business
200 East Las Olas Blvd.

3. Mailing Address

Suite, Apt. #, etc.
1660

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale, FL

City & State

4. FEI Number
65-1158616

Applied For
Not Applicable

Zip
33301

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000**

Name
Douglas K. Bischoff, Esq.
Street Address (P.O. Box Number is Not Acceptable)
**200 East Las Olas Blvd.
Suite 1660
City Fort Lauderdale FL Zip Code 33301**

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

2/11/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ZIPES, RICHARD D
333 LAS OLAS WAY
FT LAUDERDALE FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Zipes, Richard D.
200 E. Las Olas Blvd. #1660
Ft. Lauderdale, FL 33301** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **Richard D. Zipes, Dir.** **4/10/03 (954) 712-2755**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)