**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 01, 2002 8:00 am Secretary of State P01000091717 DOCUMENT # 1. Entity Name OMEGA ALPHA ENGINEERING USA, CORP. 04-01-2002 90058 023 \*\*\*150.00 Principal Place of Business Mailing Address 7220 N.W. 36TH STREET 7220 N.W. 36TH STREET SUITE 307 SUITE 307 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place 3. Mailing Address 5201 Blue LAGOON DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACOSTA, DIANA M 7220 N.W. 36TH STREET SUITE 307 **MIAMI FL 33166** 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10: Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Delete acosta, alfredo NAME NAME 5201 Blue lagoon Deve, Anthouse 7220 N.W. 36TH STREET SUITE 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP VD. ☐ Delete TITLE TITLE ACOSTA, ROSARIO NAME 5201 Bue LAGOON DRIVE, Bothouse HIAMI, FC 33116 STREET ADDRESS 7220 N.W. 36TH STREET SUITE 307 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 Delete TITLE TITLE ACOSTA, DIANA M NAME NAME 5201 Blue Lagoon Dewe, Porthouses STREET ADDRESS 7220 N.W. 36TH STREET SUITE 307 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33166 CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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