

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000117019

1. Entity Name

OMI OF PALM BEACH, INC.

Principal Place of Business

801 SOUTH UNIVERSITY DRIVE  
SUITE K103A  
PLANTATION FL 33324

Mailing Address

801 SOUTH UNIVERSITY DRIVE  
SUITE K103A  
PLANTATION FL 33324



FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90074 025 \*\*\*150.00



2. Principal Place of Business

101 North Clematis

3. Mailing Address

Suite, Apt. #, etc.  
Suite 120

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

Zip 33401

Country

Zip

Country

4. FEI Number

65-1159243

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

Name

Mario R. Delgado, P.A.

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

2000 Ponce De Leon Blvd.

#102

City

Coral Gables

FL

Zip Code 33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  Delete  
NAME AGUILAR, JUAN C  
STREET ADDRESS 801 SOUTH UNIVERSITY DRIVE SUITE K103A  
CITY-ST-ZIP PLANTATION FL 33324

TITLE

PSTD

NAME

ACOSTA, NELSON

STREET ADDRESS

CO 1 S. UNIVERSITY DRIVE SUITE K103A

CITY-ST-ZIP

PLANTATION FL 33324

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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Addition

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STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

Change

Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

954-343-4100

Daytime Phone #

CR2E034 (9/01)