

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90255 017 \*\*\*150.00

**DOCUMENT # P01000117022**

1. Entity Name  
**OMI OF AVENTURA II, INC.**



Principal Place of Business  
**C/O OMI OF PLANTATION, INC.  
801 S. UNIVERSITY DR., SUITE C-136A  
PLANTATION FL 33324**

Mailing Address  
**C/O OMI OF PLANTATION, INC.  
801 S. UNIVERSITY DR., SUITE C-136A  
PLANTATION FL 33324**

2. Principal Place of Business  
**C/O OMI GROUP, INC.**

Suite, Apt. #, etc. **SUITE #100**

City & State  
**WESTON, FL**

Zip  
**33326**

Country  
**US**

3. Mailing Address  
**C/O OMI GROUP, INC.**

Suite, Apt. #, etc. **2200 N. COMMERCE PKWY #100**

City & State  
**WESTON, FL**

Zip  
**33326**

Country  
**US**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-1159241**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DELGADO, MARIO R ESQ.  
MARIO R. DELGADO, P.A.  
2000 PONCE DE LEON BLVD., SUITE 102  
CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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**

TITLE **PST** ☐ Delete  
NAME **ALCOSNA, NELSON**  
STREET ADDRESS **801 SOUTH UNIVERSITY DR K103A**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete  
NAME **ACOSTA, NELSON**  
STREET ADDRESS **801 SOUTH UNIVERSITY DRIVE**  
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03 954-888-6411**  
Date Daytime Phone #

CR2E034 (10/02)