

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-25-2003 90253 039 ***150.00

DOCUMENT # P02000009346

1. Entity Name
OMI WELLNESS, INC.



Principal Place of Business
**801 SOUTH UNIVERSITY DRIVE
SUITE K-103A
PLANTATION FL 33324**

Mailing Address
**801 SOUTH UNIVERSITY DRIVE
SUITE K-103A
PLANTATION FL 33324**



2. Principal Place of Business
90 OMI GROUP, INC

3. Mailing Address
90 OMI GROUP, INC

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

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

200 N COMMERCE PKWY

2200 N COMMERCE PKWY

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33326

Country
US

Zip
33326

Country
US

4. FEI Number
04-3594912

Applied For
☒ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New 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. 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

**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
**PSTD
ACOSTA, NELSON
801 SOUTH UNIVERSITY DRIVE SUITE K-103A
PLANTATION FL 33324** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: **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)