

**ANNUAL REPORT (AR)****DOCUMENT # P02000022195**

1. Entity Name

OMNI EQUITIES NORTH CORPORATION

**FILED****Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90037 041 \*\*\*150.00

Principal Place of Business

200 EAST LAS OLAS BLVD., SUITE 1660  
FORT LAUDERDALE FL 33301

Mailing Address

200 EAST LAS OLAS BLVD., SUITE 1660  
FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

01-0614205

Applied For

Not Applicable

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

Name

FRANCHESCA RHODIS, ESQ.

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

200 E. LAS OLAS BLVD #1660

City

FT. 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

**FILE NOW!!! FEE IS \$150.00****After May 1, 2004 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	D	<input type="checkbox"/> Delete
NAME	ZIPES, RICHARD D	
STREET ADDRESS	200 EAST LAS OLAS BLVD., SUITE 1660	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> Delete
NAME	FRIEDMAN, WILLIAM S	
STREET ADDRESS	200 EAST LAS OLAS BLVD., SUITE 1660	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE	D	<input type="checkbox"/> Delete
NAME	RUBESTEIN, CHARLES D	
STREET ADDRESS	200 EAST LAS OLAS BLVD., SUITE 1660	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: