

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90253 045 ***150.00

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DOCUMENT # P02000031303

1. Entity Name
OMI CT OF FT. LAUDERDALE, 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**

11017000



2. Principal Place of Business

3. Mailing Address

90 OMI GROUP, INC.

90 OMI GROUP, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2200 N COMMERCE PKWY

2200 N COMMERCE PKWY

City & State

City & State

WESTON, FL

WESTON, FL

Zip

Country

Zip

Country

33326

US

33326

US

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 K103-A
PLANTATION FL 33324**

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

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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

Date

954-888-16411

Daytime Phone #

CR2E034 (10/02)