

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90995 044 ***150.00

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DOCUMENT # P02000052528

1. Entity Name
OMEGA SINGERS, INC.



Principal Place of Business
**15141 SW 159TH ST.
MIAMI FL 33187**

Mailing Address
**15141 SW 159TH ST.
MIAMI FL 33187**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number

☒ 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

**MCCALLA, LENWARD
15141 SW 159TH ST.
MIAMI FL 33187**

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

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 ☐ Delete
NAME **HODGE, RENEE**
STREET ADDRESS **15141 SW 159TH ST.**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT
HODGE, RENEE**
STREET ADDRESS **6427 NW 192 LANE**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete
NAME **THOMPSON, ROBERT**
STREET ADDRESS **2745 SW 129TH TERR.**
CITY-ST-ZIP **MIRAMAR FL 33027**

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

TITLE ☐ Delete
NAME **MCCALLA, LENWARD**
STREET ADDRESS **15141 SW 159TH ST.**
CITY-ST-ZIP **MIAMI FL 33187**

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

TITLE ☐ Delete
NAME **DEVINE, JOHN**
STREET ADDRESS **1009 NE 204TH LANE**
CITY-ST-ZIP **N. MIAMI FL 33179**

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

TITLE ☐ Delete
NAME **AINA, RAYMOND**
STREET ADDRESS **12535 NE 1ST CT.**
CITY-ST-ZIP **N. MIAMI FL 33161**

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

TITLE ☐ Delete
NAME **JAIRAM, DAREN**
STREET ADDRESS **10048 SW 220TH ST.**
CITY-ST-ZIP **MIAMI FL 33190**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

(305) 378-1915

Daytime Phone #

CR2E034 (10/02)