

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

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

04-25-2003 90245 006 ***150.00

DOCUMENT # P02000066350

1. Entity Name
OMI CT OF MIAMI LAKES, INC.



Principal Place of Business
**801 S UNIVERSITY DR UNIT K-103A
PLANTATION FL 33324**

Mailing Address
**801 S UNIVERSITY DR UNIT K-103A
PLANTATION FL 33324**

11011663



2. Principal Place of Business

70 OMI GROUP, INC.
Suite, Apt. #, etc. **#100**

3. Mailing Address

70 OMI GROUP, INC.
Suite, Apt. #, etc. **#100**

2200 N COMMERCE PKWY
City & State **WESTON, FL**

2200 N COMMERCE PKWY
City & State **WESTON, FL**

☒ CHECK HERE IF MAKING CHANGES

Zip **33326**

Country **US**

Zip **33326**

Country **US**

4. FEI Number
01-0722591

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **MARID 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  (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 **PSTD** ☐ Delete
NAME **ACOSTA, NELSON**
STREET ADDRESS **801 S UNIVERSITY DR UNIT K-103A**
CITY-ST-ZIP **PLANTATION FL 33324**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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)