FILED
Jun 30, 2003 8:00 am
Secretary of State

6/20

06-20-2003 90027 012 ***150.00
06-30-2003 90069 016 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069286

90140484

1. Entity Name
OM' SIDDHARTA, CORP

Principal Place of Business	Mailing Address
3667 S. MIAMI AVENUE, APT 439 MIAMI, FL 33133	3667 S. MIAMI AVENUE, APT 439 MIAMI, FL 33133

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 04-3688850 ☐ 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
RAY PEREZ & ASSOCIATES, P.A. 13936 NW 1ST AVENUE MIAMI, FL 33168	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when changing)

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	DP DIAZ, AMARELY 3667 S. MIAMI AVENUE, APT 439 MIAMI, FL 33133	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HORTIVIA, SANDRA 3667 S. MIAMI AVENUE, APT 439 MIAMI, FL 33133	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 another title, if required.

SIGNATURE Amarely Diaz Amarely Diaz 6/24/03 305-688-9894
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

Attachment

90140484

TO: Florida Dept of State.

ATTN: Glenda E. Hood
Secretary of State.

Subject: "OM" Siddhanta Corp.
Reference #: P02000069286

Please, be advised that the check # 336 for the amount of $150.00 was returned for NSF. Due to this, I am sending a new one for same amount of money $150.00. If there is any difference or I have to pay more due to the mentioned problem above, please do not hesitate to send me a bill and I will send a check.

Block 4 is now completed with the Employer Identification # as requested.

Thank you in advance for your attention to this matter,

Sincerely Diaz
OM Siddhanta Corp.

# of check pending now: 354