

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

0697342 FP

DOCUMENT # P02000099458

1. Entity Name
OMEGA LEASING OF SOUTH FLORIDA, INC.



04-24-2003 90254 032 ***150.00

Principal Place of Business
**615 N. ORANGE AVENUE, SUITE D-8
JUPITER FL 33458**

Mailing Address
**615 N. ORANGE AVENUE, SUITE D-8
JUPITER FL 33458**



2. Principal Place of Business

149 Fern St.
Suite, Apt. #, etc.

3. Mailing Address

18510 Lakeside Gardens
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

36-4528836

Applied For

☐ Not Applicable

Zip

33458

Country

USA

Zip

33458

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**SUSAN HAYDEN DANIELS, P.A.
420 W. INDIANTOWN ROAD
JUPITER FL 33458**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **MACARI, STEVE**
STREET ADDRESS **615 N. ORANGE AVENUE, SUITE D-8**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Stephen J. Macari

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03

Date

561-745-0394

Daytime Phone #

CR2E034 (10/02)