

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-24-2003 90179 029 \*\*\*150.00

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**DOCUMENT # P92000003618**

1. Entity Name  
**OMNI BUSINESS CONSULTANTS, INC.**



Principal Place of Business  
**3001 S. OCEAN DRIVE  
SUITE 11E  
HOLLYWOOD FL 33019  
US**

Mailing Address  
**P.O. BOX 85254  
HALLANDALE FL 33008**



2. Principal Place of Business  
**888 NW 45TH ST**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**POMPANO BEACH, FL**

City & State

4. FEI Number **65-0368707**

Applied For  
Not Applicable

Zip  
**33064**

Country  
**USA**

Zip

Country

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

**WEG, MURRAY  
3001 SOUTH OCEAN DRIVE 11-E  
HOLLYWOOD FL 33019**

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 Murray Weg **MURRAY WEG DIRECTOR**

3/31/03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **WEG, MURRAY**  
STREET ADDRESS **3001 S. OCEAN DR. #11E**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☒ Change ☐ Addition  
NAME **WEG, MAXEENE**  
STREET ADDRESS **3001 SOUTH OCEAN DRIVE 11-E**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **D** ☒ Delete  
NAME **WEG, MAXEENE**  
STREET ADDRESS **3001 SOUTH OCEAN DRIVE 11-E**  
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Change ☐ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **MICHAEL WEG**  
CITY-ST-ZIP **888 NW 45TH ST.**

TITLE ☐ Delete  
NAME **POMPANO, FL 33064**

TITLE ☐ Change ☒ Addition  
NAME **POMPANO, FL 33064**

TITLE ☐ Delete  
NAME **POMPANO, FL 33064**

TITLE ☐ Change ☐ Addition  
NAME **POMPANO, FL 33064**

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TITLE ☐ Change ☐ Addition  
NAME **POMPANO, FL 33064**

TITLE ☐ Delete  
NAME **POMPANO, FL 33064**

TITLE ☐ Change ☐ Addition  
NAME **POMPANO, FL 33064**

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

3/31/03

DATE

(954) 212-0602

Daytime Phone #

CF2E034 (10/02)