

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90043 033 ***158.75

2002

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000015208

1. Entity Name

OMEGA CONTRACTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

221 NE 13TH STREET

Suite, Apt. #, etc.

3. Mailing Address

221 NE 13TH STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0363667

Applied For

Not Applicable

Zip

33060

Country

USA

Zip

33060

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

POZZUOLI, EDWARD J.

Street Address (P.O. Box Number is Not Acceptable)

790 E BROWARD BLVD

SUITE 200

City

FT. LAUDERDALE

FL

Zip Code

33394

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME LANDIS, JUDY A
STREET ADDRESS 2300 NE 48TH STREET
CITY - ST - ZIP LIGHTHOUSE POINT, FL 33064

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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)