2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90498 032 ***150.00

DOCUMENT # P93000005223

1. Entity Name
THE OMEGA CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
9 NAVARRO ISLE	9 NAVARRO ISLE
FT. LAUDERDALE FL 33301	FT. LAUDERDALE FL 33301

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT # 1000068708

2. Principal Place of Business	3. Mailing Address
4380 Oakes Road	4380 Oakes Road
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.: Suite 800
City & State: Davie, Florida	City & State: Davie, Florida
Zip: 33314 / Country:	Zip: 33314 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0399412 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIERRO, ANN
9 NAVARRO ISLE
FT. LAUDERDALE FL 33301

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.

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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FIERRO, ANN	NAME	
STREET ADDRESS	9 NAVARRO ISLE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x Ann C. Fierro, PRES. ANN C. FIERRO   x 4/30/02   x 954-564-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #