## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P93000054761 1. Entity Name OM SERVICES, INC. 04-24-2001 90021 034 \*\*\*150.00 Principal Place of Business Mailing Address 17410 S.W. 121 AVE 17410 S.W. 121 AVE MIAMI FL 33177 MIAMI FL 33177 643967 US US 2. Principal Place of Business 3. Mailing Address 4822 S.W. 14822 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State . City & State Applied For 4. FEI Number NOT APPLICABLE MIAMI MIRAMAR Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 30<u>27</u> 3302 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERSAL PERSAUD, RICK O 17410 SW 121ST AVE. **MIAMI FL 33177** IRAMAR てわ. 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 DERSAUD, PresideNT SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT CR2E034 (10/00) ☐ Addition TITLE □ Delete TITLE PERSALO, RICKD. PERSAUD, RICK O NAME NAME 148225W 18 Street STREET ADDRESS STREET ADDRESS 17410 S.W. 121 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33177 MIRAMAC, FL. 33027 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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. RICK O. DERSAUD, PRESIDENT 4/10/01