## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **P9400064665** 1. Entity Name OMO SECURITIES, INC. 04-25-2001 90071 005 \*\*\*150.00 Principal Place of Business Mailing Address 5221 SOUTH WEST 7TH STREET P O BOX 15602 PLANFATION FL 33317 PLANTATION FL 33318 2. Principal Place of Business 3. Mailing Address 152 34 13970 Road North P.O. Box 8092 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0532135 dup, ten Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33478 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIRRICIONE, JACK Street Address (P.O. Box Number is Not Acceptable) 13970 152 Road North 5221 SOUTH WEST 7TH STREET PLANTATION FL 33317 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 FILE NOW!!! FEE IS \$150.00 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Delete M Change Addition NAME CIRRINCIONE, JACK NAME 13970 152 Nd Road Horth STREET ADDRESS STREET ADDRESS 5221 SOUTH WEST 7TH STREET CITY-ST-ZIP CITY-ST-ZIP dupiter, FL. 33478 PLANTATION FL 33317 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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 living 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:

THE TYPE OF DENITED NAME OF SIGNING OFFICER OF DIRECTOR

APR 2 0 2001 (561) 748-0049

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