

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057003

1. Entity Name

OMEGA LABORATORIES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90033 018 ***150.00

Principal Place of Business

5557 W OAKLAND PARK BLVD
SUITE 290
LAUDERHILL FL 33313
US

Mailing Address

P.O. BOX 70494
OAKLAND FL 33307-0494
US

2. Principal Place of Business

5557 W. OAKLAND PK. BLVD
Suite, Apt. #, etc.
Ste. #290

3. Mailing Address

Po Box 70494
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lauderhill, Florida.

City & State

OAKLAND PARK, FLA.

4. FEI Number

65-0597850

☒ Applied For
☐ Not Applicable

Zip

33313

Country

Broward

Zip

33307

Country

Broward.

5. Certificate of Status Desired ☐

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAUSEI, ADAM C
2216 NW 3RD AVE
FT LAUDERDALE FL 33311

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

(Not a 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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RAUSEI, ADAM C 731 CYPRESS LN POMPANO BCH FL 33064	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Rausei, Adam C. 2216 NW 3RD AVE Wilton Manors, Fl. 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)