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FILED
May 28, 2002 8:00 am
Secretary of State
02-13-2002 90166 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046031

1. Entity Name
OMNI MANAGEMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
520 N OCEAN BLVD #20 POMPANO BEACH FL 33062	520 N OCEAN BLVD #20 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
240 W 98 St		240 W 98 St	
Suite, Apt. #, etc. 14E		Suite, Apt. #, etc. 14E	
City & State New York		City & State New York	
Zip 10025	Country NY	Zip 10025	Country NY

4. FEI Number 65-0668841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FORMAN, SOL 520 N OCEAN BLVD #20 POMPANO BEACH FL 33062	Name EMERY B. SHEER, CPA Street Address 9655 SO. DIXIE HIGHWAY 3 FLOOR City MIAMI FL Zip Code 33156

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 EMERY B. SHEER, CPA [signature] DATE 4/26/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D FORMAN, SOL 520 N OCEAN BLVD #20 POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Forman, Sol 240 W 98 St. 14E New York, NY 10025	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 1/26/02 (212) 666-8739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #