

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90125 042 ***150.00

0617504 AT

DOCUMENT # P96000046031

1. Entity Name
OMNI MANAGEMENT CONSULTANTS, INC.



Principal Place of Business
~~240 W 98 ST~~ **240 W 98 ST**
14E
NEW YORK NY 10025

Mailing Address
~~240 W 98 ST~~ **240 W 98 ST**
14E
NEW YORK NY 10025

2. Principal Place of Business
240 W 98 ST

3. Mailing Address
240 W 98 ST

Suite, Apt., etc.
14E

Suite, Apt., etc.
14E

City & State
New York NY

City & State
New York NY

Zip
10025

Country
NY

Zip
10025

Country
NY



☒ CHECK HERE IF MAKING CHANGES

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

SHEER, EMERY B CPA
9655 SO DIXIE HIGHWAY 3 FLOOR
MIAMI FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing, Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FORMAN, SOL**
STREET ADDRESS **240 W 98 ST 14E**
CITY-ST-ZIP **NEW YORK NY 10025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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 (10/02)