

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90394 033 ***150.00

DOCUMENT # P96000050764

1. Entity Name

OMNIFIC ENTERPRISES, INC.

Principal Place of Business

**6704 N. HABANA AVENUE
TAMPA FL 33614**

Mailing Address

**6704 N. HABANA AVENUE
TAMPA FL 33614**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3389911**

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

**PAPADEMETRIOU, MARY E
6704 N. HABANA AVENUE
TAMPA FL 33614**

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.

(NOTE: 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, 2001 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 **D** ☐ Delete
NAME **PAPADEMETRIOU, MARY E**
STREET ADDRESS **6704 N. HABANA AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE **D** ☐ Delete
NAME **PAPADEMETRIOU, TED**
STREET ADDRESS **6704 N. HABANA AVENUE**
CITY-ST-ZIP **TAMPA FL 33614**

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

TITLE ☐ Delete
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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 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 #

5-01-01 813 933-9895

CR2E034 (10/00)

Omnific Enterprises Inc.
Theodore and Mary Papademetriou
6704 N. Habana Ave.
Tampa, FL 33614

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee FL 32302

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B0057667

To whom it may concern,

My mother was fighting cancer. Shortly after Christmas she took a turn for the worse, I had to leave to be with her. She in fact passed away on Jan. 31, 2001. My stay extended in to Feb. to insure that her affairs were settled. Shortly after my return, my mother's sister, my Aunt Mary's health failed and she passed away on April 14, 2001. In my absence all payments and bookwork fell behind. I ask that you might have mercy on me under the circumstances. Thank you for your consideration.

Sincerely;

Mary Papademetriou