

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000052933**

Entity Name
OHM INTERNATIONAL, INC.

W-12949

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2634 E. Fowler Ave.
Tampa, FL 33612

Mailing Address
2634 E. Fowler Ave.
Tampa, FL 33612

REINSTATEMENT 98-00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3389902		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Harry Patel 2634 E. Fowler Ave. Tampa, FL 33612		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) <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	President Harry Patel 2634 E. Fowler Ave. Tampa, FL 33612 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:	4-19-00	813-972-5744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (9/99)

224

282

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

June 15, 2000

Reference: OHM International, Inc. FEI # 59-3389902

To Whom It May Concern:

This letter is being sent, per a telephone conversation with one of your associates. You returned my 2000 Uniform Business Report to me because the 1998 and 1999 reports had not been filed.

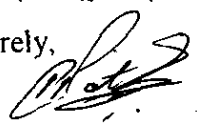
The original forms for those years were never received by me and therefore not filed. I did not receive the 2000 report either. My accountant prepared it for me using a blank form.

Please check your records for the correct mailing address of my corporation, so that I can receive future reports. The correct address is on the 2000 Uniform Business Report.

Enclosed is a check for \$450.00, as requested, to pay the filing fees for all years through the year 2000. Also, the 2000 Uniform Business Report is being returned to you for filing and to re-instate the corporation.

Thank you for your assistance in this matter.

Sincerely,



Harry Patel, President
2634 E. Fowler Ave.
Tampa, FL 33612

Enclosures