2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000101617 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name OMNI REALTY, INC. 04-25-2000 90045 048 ***150.00 Principal Place of Business Mailing Address 7249 N.W. 36TH COURT 7249 N.W. 36TH COURT MIAMI FL 33147-5837 **MIAMI FL 33147** CUUCEUUA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0716122 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOLFE, MELVIN ESQ. Street Address (P.O. Box Number is Not Acceptable) 7249 N.W. 36TH COURT **MIAMI FL 33147** Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KATTAN, ABRAHAM STREET ADDRESS STREET ADDRESS 7249 N.W. 36TH COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33147 ☐ Addition ☐ Change Delete TITLE NAME DANZIGER, ROY NAME STREET ADDRESS STREET ADDRESS 555 NE 34TH STREET, #2206 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33137** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS 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:

And HUM ROY DISIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROY DANZIGER

4-19-00

305-836-130

Date

Daytime Phone #