

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90016 035 ***150.00

DOCUMENT # P96000101617

1. Entity Name
OMNI REALTY, INC.

Principal Place of Business
7249 N.W. 36TH COURT
MIAMI FL 33147

Mailing Address
7249 N.W. 36TH COURT
MIAMI FL 33147

2. Principal Place of Business
1420 Biscaya Drive
 Suite, Apt. #, etc.

3. Mailing Address
1420 Biscaya Drive
 Suite, Apt. #, etc.

City & State
Surfside FL

City & State
Surfside FL

Zip
33154

Country
USA

Zip
33154

Country
USA

4. FEI Number **65-0716122**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, MELVIN ESQ.
7249 N.W. 36TH COURT
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name **WOLFE, MELVIN ESQ.**
 Street Address (P.O. Box Number is Not Acceptable)
1420 Biscaya Drive
 City **Surfside FL** Zip Code **33154**

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 **MELVIN WOLFE**

DATE **4/25/02**

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 D KATTAN, ABRAHAM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7249 N.W. 36TH COURT	
CITY-ST-ZIP MIAMI FL 33147	
TITLE NAME T KATTAN, RAHAMIN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 7249 NW 36CT	
CITY-ST-ZIP MIAMI FL 33147	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME Director Ezrah Yoram	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1420 Biscaya Drive	
CITY-ST-ZIP Surfside, FL 33154	
TITLE NAME Treasurer Wolfe Melvin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1420 Biscaya Drive	
CITY-ST-ZIP Surfside, FL 33154	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE Yoram Ezrah**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/25/02** DAYTIME PHONE # **305-887-1975**

CR2E034 (9/01)