

2000 UNIFORM BUSINESS REPORT (UBR)

1.

DOCUMENT # P97000006845

1. Entity Name

THE OEMS GROUP, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

01-28-2000 90137 017 ***150.00

Principal Place of Business

Mailing Address

10500 NW 26TH STREET
SUITE 102
MIAMI FL 33172

10500 NW 26TH STREET
SUITE 102
MIAMI FL 33178-1887

2. Principal Place of Business

11350 NW 36 Terr.

3. Mailing Address

11350 NW 36 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0735886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EVANS, LAURIE P
328 MINORCA AVENUE
CORAL GABLES FL

7. Name and Address of New Registered Agent

Name JIM EVANS

Street Address (P.O. Box Number Is Not Acceptable)

CATLIN, Saxon, TUTTLE & EVANS PA

169 EAST FLAGLER ST #1700

City

Miami

FL

Zip Code

33131

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

2/29/00

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, 2000 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	LIROFF, JEFFREY	
STREET ADDRESS	10500 NW 26TH STREET, SUITE 102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	AGUIRRE, JOSE	
STREET ADDRESS	10500 NW 26TH STREET, SUITE 102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE WITTE, KRIS	
STREET ADDRESS	10500 NW 26TH STREET, SUITE 102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input type="checkbox"/> Delete
NAME	LESNIK, GARY	
STREET ADDRESS	10500 NW 26TH STREET, SUITE 102	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11350 NW 36 Terr	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REG. JEFFREY LIROFF

Date

1/13/2000 305-416-7604

Daytime Phone #

CR2E034 (9/99)