

FROM :

FAX NO. :

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000038422**

1. Entity Name

OMNIX CORPORATION**FILED**
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90104 030 ***150.00

Principal Place of Business

Mailing Address

770 CLAUGHTON ISLAND DRIVE
SUITE 414
MIAMI FL 33131770 CLAUGHTON ISLAND DRIVE
SUITE 414
MIAMI FL 33131-2625

2. Principal Place of Business

237 N. Coconut Lane

3. Mailing Address

237 N. Coconut Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number

65-0755289

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

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

SIMONSON, PETER M
770 CLAUGHTON ISLAND DRIVE
SUITE 414
MIAMI FL 33131

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 resigning)

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS SIMONSON, PETER M
CITY-ST-ZIP 770 CLAUGHTON ISLAND DRIVE
MIAMI FL 33131TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

PETER SIMONSON

5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee