

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045566

1. Entity Name

OMNI SALES INTERNATIONAL INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90018 022 ***150.00

Principal Place of Business

SEYBOLD BLDG. 36 N.E. 1ST STE. 823
MIAMI FL 33132

Mailing Address

SEYBOLD BLDG. 36 N.E. 1ST STE. 823
MIAMI FL 33132

2. Principal Place of Business

4095 BONITA AVE

3. Mailing Address

PO Box 331766

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0761933

Applied For

Not Applicable

Zip

33133

Country

US

Zip

33133

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERO, JERRY
SEYBOLD BLDG. 36 N.E. 1ST STE. 823
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name

JAI ME CERVERA

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

4095 BONITA AVE.

City

MIAMI

FL

Zip Code

33133

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 of the person whose name or address is being changed, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/00

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 NAME STREET ADDRESS CITY-ST-ZIP	D RIVERO, JERRY SEYBOLD BLDG. 36 N.E. 1ST ST. #823 MIAMI FL 33132	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JAI ME CERVERA 4095 BONITA AVE MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAI ME CERVERA

4/15/00

CR2E034 (9/99)