

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90060 038 \*\*\*150.00

**DOCUMENT # P97000083521**

1. Entity Name

**OMRHA CORP.**

Principal Place of Business

Mailing Address

**5275 NW 161 STREET  
MIAMI FL 33014**

**5275 NW 161 STREET  
MIAMI FL 33014**

2. Principal Place of Business

3. Mailing Address

**5275 NW 161 St**  
Suite, Apt. #, etc.

**5275 NW 161 St**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

**Miami FL**

**Miami FL**

4. FEI Number

**52-2072856**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33014**

**USA**

**33014**

**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

**EISNER, ANA LUCIA  
8100 GENEVA CT #C-539  
MIAMI FL 33166**

Name: **DAVID ALAN KOFISKY CPA**  
Street Address: **3440 Hollywood Blvd.**  
**Suite 450**  
City: **Hollywood** State: **FL** Zip: **33021**

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

*David Alan Kofsky CPA*

(Signature, typed or printed name of registered agent, and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

**4/25/01**  
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, 2001 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: **P** ☐ Delete  
NAME: **EISNER, ANA L**  
STREET ADDRESS: **8100 GENEVA CT #C-539**  
CITY-ST-ZIP: **MIAMI FL 33166**

TITLE: **P** ☒ Change ☐ Addition  
NAME: **ANA LUCIA EISNER**  
STREET ADDRESS: **1255 SW 101 Terr #205**  
CITY-ST-ZIP: **Pembroke Pines FL 33014**

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ 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:

*Ana Lucia Eisner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/01** **(305) 336-4217**  
Date Daytime Phone #

CR2E034 (10/00)