

2001 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-04-2001 90083 050 ***163.75

DOCUMENT # P97000098234

1. Entity Name
OMNI INTERNATIONAL AIRLINE, INC.

(Handwritten initials)

Principal Place of Business
**9870 NW 52 TERR
 MIAMI FL 33178
 US**

Mailing Address
**9870 NW 52 TERR
 MIAMI FL 33178
 US**

4 5 0 9 3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0911567**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**LOWRY, MARY E
 9870 NW 52ND TERR
 MIAMI FL 33178**

Name **H. DEAN FREDERICK**
 Street Address (P.O. Box Number is Not Acceptable)
9870 N.W. 52 ND TERRACE
 City **MIAMI FL** Zip Code **33178**

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 **H. DEAN FREDERICK** *(Signature)* **4/23/01** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)

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 NAME	PD FREDERICK, H. DEAN	<input type="checkbox"/> Delete
STREET ADDRESS	9870 NW 52 TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	ST LOWRY, MARY E.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	9870 NW 52 TERR	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE NAME	CARLE E. FUTCH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DIRECTOR CARLE E. FUTCH	<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	REGISTERED AGENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	REGISTERED AGENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	RECIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DIRECTOR CARLE E. FUTCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	185 BROOKSIDE LANE	
CITY-ST-ZIP	BROOKS, GA 30205	
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)* **4/23/01** DATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)