

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042322

1. Entity Name

OMME CONSULTING SERVICES CORP.

f

Principal Place of Business

900 INGRAHAM BUILDING, 25 SE 2ND AVENUE  
MIAMI FL 33131

Mailing Address

900 INGRAHAM BUILDING, 25 SE 2ND AVENUE  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

65-0904-018 252412

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

MURAI, WALD, BIONDO & MORENO, P.A.  
900 INGRAHAM BUILDING, 25 SE 2ND AVENUE  
MIAMI FL 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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 HAMAD, SAMUEL H  
STREET ADDRESS 3590 HISTLETOE LN  
CITY-ST-ZIP LONG BOAT QUAY FL 34228

TITLE ☐ Change ☐ Addition  
NAME HAMAD, SAMUEL H.  
STREET ADDRESS 1814 ROLAND ST.  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE VP ☐ Delete  
NAME HARRISON, FRANK  
STREET ADDRESS 6330 STONERIVER RD  
CITY-ST-ZIP BRADENTON FL 34203

TITLE ☐ Change ☐ Addition  
NAME HARRISON, FRANK  
STREET ADDRESS 8726 49TH TERRACE EAST  
CITY-ST-ZIP BRADENTON, FL 34202

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08.30.00

Date

905 468 3010

Daytime Phone #

CR2E034 (5/00)