

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90047 029 ***150.00

DOCUMENT # P98000046248

1. Entity Name

OMNI IDS, INC.

Principal Place of Business

Mailing Address

12289 PEMBROKE RD.
 STE. 124
 PEMBROKE PINES FL 33025

12289 PEMBROKE RD.
 STE. 124
 PEMBROKE PINES FL 33025-1725

C0004172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2699 STIRLING RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C 301

City & State

City & State

HOLLYWOOD, Florida

Zip 33312

Country USA

4. FEI Number

65-0839063

Applied For

Not Applied For

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

MICHAUD, WANER N
 10000 NW 6TH AVE
 MIAMI FL 33150

Name Michaud, Waner N.

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

3309 SW 175 Ave.

City MIRAMAR

FL

Zip Code 33029

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

Waner N. Michaud

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

(NOTE: Registered Agent signature required when reinstating)

1/05/00

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 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 Delete
 NAME D MICHAUD, WANER N
 STREET ADDRESS 10000 NW 6TH AVE
 CITY-ST-ZIP MIAMI FL 33150

TITLE Change Delete
 NAME MICHAUD, WANER N.
 STREET ADDRESS 3309 SW 175 AVE.
 CITY-ST-ZIP MIRAMAR, FL 33029

TITLE Delete
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 STREET ADDRESS
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 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:

Waner N. Michaud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/00

DATE

954.989.5866

Daytime Phone #