

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 23, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000058325**1. Entity Name  
OMNICOMMERCE SYSTEMS, INC.

## Principal Place of Business

3250 MARY ST, SUITE 307  
STE 402  
MIAMI  
33133

FL

## Mailing Address

3250 MARY ST, SUITE 307  
STE 402  
MIAMI  
33133

FL

## 2. Principal Place of Business

3250 MARY ST

## 3. Mailing Address

3250 MARY ST

## Suite, Apt. #, etc.

STE 402

## Suite, Apt. #, etc.

STE 402

## City &amp; State

MIAMI

FL

## City &amp; State

MIAMI

FL

## Zip

33133

## Country

## Zip

33133

## Country

## 4. FEI Number

65-0856194

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

JACKSON LAWTON R  
3250 MARY ST, SUITE 307  
STE 402  
MIAMI  
33133

FL

## 7. Name and Address of New Registered Agent

## Name

SMITH RANDALL G

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

3250 MARY ST

## STE 402

## 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 **RANDALL G. SMITH**

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

(NOTE: Registered Agent signature required when reinstating)

08/23/2001

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

TITLE D ☒ Delete  
NAME KNEZEVICH PETER S  
STREET ADDRESS 9400 DADELAND BLVD S STE 402  
CITY-ST-ZIP MIAMI FL 33133TITLE D ☐ Delete  
NAME SMITH RANDALL G  
STREET ADDRESS 3250 MARY ST STE 402  
CITY-ST-ZIP MIAMI FL 33133TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: **RANDALL G. SMITH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D

08/23/2001

Date

Daytime Phone #

CR2E034 (11/00)