

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058430

1. Entity Name

OMEGA CENTURY CORP.

Principal Place of Business

11383 NW 53 LANE
MIAMI FL 33178

Mailing Address

11383 NW 53 LANE
MIAMI FL 33178-3521

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

MERCADO, RICARDO
11383 NW 53 LANE
MIAMI FL 33178

Name

Jaramillo, Jorge

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

11383 NW 53 Lane

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

Jorge Jaramillo

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

(NOTE: Registered Agent signature required when reinstating)

04-22-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	MERCADO, RICARDO	
STREET ADDRESS	11383 NW 53 LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JARAMILLO-MERCADO, ANA MARIA	
STREET ADDRESS	11383 NW 53 LANE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO, Jorge	
STREET ADDRESS	11383 NW 53 Lane	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLALBA, JUAN	
STREET ADDRESS	11383 NW 53 Lane	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARAMILLO-MERCADO, Ana Maria	
STREET ADDRESS	11383 NW 53 Lane	
CITY-ST-ZIP	Miami, FL 33178	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mercado, Ricardo	
STREET ADDRESS	11383 NW 53 Lane	
CITY-ST-ZIP	Miami, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jorge Jaramillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-00

Date

(305) 716-0152

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90168 047 ***150.00

RECEIVED



DO NOT WRITE IN THIS SPACE