

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000073824

1. Entity Name

OMEGA BRAZIL CORPORATION

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90212 049 ***150.00

Principal Place of Business

Mailing Address

8013 LAUREL TREE DR.
ORLANDO FL 32819
US

8013 LAUREL TREE DR.
ORLANDO FL 32819-6923
US

2. Principal Place of Business

6258 PEREGRINE CT
Suite, Apt. #, etc.

3. Mailing Address

6258 PEREGRINE CT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO - FL

City & State

ORLANDO FL

4. FEI Number

59-3529289

Applied For

Not Applicable

Zip

Country

32819

US

Zip

Country

32819

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTOS, MARIA A
6258 PERTGRINI COURT
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name SANTOS, MARIA A.
Street Address (P.O. Box Number is Not Acceptable)
6258 PEREGRINE COURT
City ORLANDO FL Zip Code 32819

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, type, 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 \$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

TITLE SDVT ☐ Delete
NAME MACEDO, MARIA D
STREET ADDRESS 8013 LAUREL TREE DR.
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SDVT ☒ Change ☐ Addition
NAME MACEDO, MARIA D
STREET ADDRESS 6258 PEREGRINE CT
CITY-ST-ZIP ORLANDO FL-32819

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

TITLE ☐ Change ☐ Addition
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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:

MACEDO, MARIA D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00-407-351-9708

CR2E034 (9/99)