

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State

04-24-2000 90068 031 ***150.00

DOCUMENT # P98000091702

1. Entity Name

O.M.C. HOLDINGS, INC.

Principal Place of Business

C/O NICOLAS FERNANDEZ PA
 780 NW LEJEUNE RD STE 324
 MIAMI FL 33126
 US

Mailing Address

C/O NICOLAS FERNANDEZ PA
 780 NW LEJEUNE RD STE 324
 MIAMI FL 33126
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1012691

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

ESQUIRE CORPORATE SERVICES, INC.
 780 NW LEJEUNE RD
 STE 324
 MIAMI FL 33126

Name

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

City

FL

Zip Code

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 date 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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DPS
 FREUND, GEBHARD
 5601 COLLINS AVE UNIT 1607
 MIAMI BEACH FL 33140

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 Freund, Gebhard
 5601 Collins Ave Unit 1607
 Miami Beach, Fl 33140

☒ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PS
 Freund, Oliver
 5601 Collins Ave Unit 1607
 Miami Beach, Fl 33140

☐ Change

☒ Addition

TITLE
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 CITY-ST-ZIP

☐ Change

☐ Addition

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 687, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)