

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 18, 2001 8:00 am
Secretary of State

04-27-2001 90357 008 ***150.00

DOCUMENT # P98000104297

1. Entity Name

OMNI CONSULTANTS, INC.

Principal Place of Business

Mailing Address

1500 UNIVERSITY DRIVE STE. 115
 CORAL SPRINGS FL 33071

1500 UNIVERSITY DRIVE STE. 115
 CORAL SPRINGS FL 33071

2. Principal Place of Business

10191 W. Sample Road

3. Mailing Address

10191 W. Sample Road

Suite, Apt. #, etc.

Suite 204

Suite, Apt. #, etc.

Suite 204

City & State

Coral Springs, Florida

City & State

Coral Springs, Florida

Zip
 33065

Country
 US

Zip
 33065

Country
 US

4. FEI Number 65-0887944

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BODIFORD, ROBIN L
 1201 EAST BROWARD BLVD.
 FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name
 Micki Endliss

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

10191 W. Sample Road Suite 204

City
 Coral Springs

FL

Zip Code
 33065

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 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, 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 PS ☐ Delete
 NAME ENDLISS, MICKI
 STREET ADDRESS 1830 S.W. 81ST AVENUE
 CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE VT ☐ Delete
 NAME FELDSTEIN, MAXINE
 STREET ADDRESS 21360 CHINABERRY LANE
 CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 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 PS ☒ Change ☐ Addition
 NAME Micki Endliss
 STREET ADDRESS 1270 NW 21st Terrace
 CITY-ST-ZIP Delray Beach, Florida 33445-2624

TITLE VT ☒ Change ☐ Addition
 NAME Maxine Feldstein
 STREET ADDRESS 2659 Carambola Circle N. #106A
 CITY-ST-ZIP Coconut Creek, Florida 33066

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

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

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

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Micki Endliss

5-14-01 (954) 757-8880

Date

Daytime Phone #

CR2E034 (10/00)