

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018996

1. Entity Name

OMEGA DATA SOLUTIONS, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

05-12-2000 90067 042 ***150.00

Principal Place of Business

Mailing Address

2455 E. SUNRISE BLVD., #904
FT. LAUDERDALE FL 33304

2455 E. SUNRISE BLVD., #904
FT. LAUDERDALE FL 33304-3112

2. Principal Place of Business

3. Mailing Address

2455 E. Sunrise Blvd., Mezzanine
Suite, Apt. #, etc.

2455 E. Sunrise Blvd., Mezzanine
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

4. FEI Number

05-0900876

Applied For

Not Applicable

Zip
33304

Country
U.S.

Zip
33304

Country
U. S.

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

FERRO, RONALD
2455 E. SUNRISE BLVD., #904
FT. LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)
2455 E. Sunrise Blvd., Mezzanine

City

Fort Lauderdale

FL

Zip Code
33304

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRO, RONALD
2455 E. SUNRISE BLVD., #904
FT. LAUDERDALE FL 33304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2455 E Sunrise Blvd., Mezzanine
Fort Lauderdale FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000

Date

Daytime Phone #

CR2E034 (9/99)