

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90140 025 \*\*\*150.00

**DOCUMENT # P99000018996**



1. Entity Name  
**OMEGA DATA SOLUTIONS, INC.**

Principal Place of Business  
**4380 OAKES RD  
STE 800  
DAVIE FL 33314**

Mailing Address  
**4380 OAKES RD  
STE 800  
DAVIE FL 33314**

2. Principal Place of Business  
**4100 SW 28 Way**

3. Mailing Address  
**1314 E Las Olas Blvd  
Suite, Apt. #, etc.  
167**

City & State  
**Hollywood, Florida**

City & State  
**Fort Lauderdale, Florida**

4. FEI Number  
**65-0900876**

Applied For  
Not Applicable

Zip  
**33312**

Country  
**U.S.**

Zip  
**33301**

Country  
**U.S.**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FIERRO, RONALD  
4380 OAKES RD  
STE 800  
DAVIE FL 33314**

**7. Name and Address of New Registered Agent**

Name  
**Fierro, Ronald.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4100 SW 28 Way**  
City  
**Hollywood** **FL** Zip Code  
**33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **FIERRO, RONALD**  
STREET ADDRESS **4380 OAKES RD., STE 800**  
CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☒ Change ☐ Addition  
NAME **Fierro, Ronald**  
STREET ADDRESS **4100 SW 28 Way**  
CITY-ST-ZIP **Hollywood FL 33312**

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald Fierro** **REQUIRED** **Ronald Fierro**

Date **3/26/03**

Daytime Phone # **954-564-4321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)