

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90074 013 \*\*\*150.00

**DOCUMENT # P99000020855**

1. Entity Name  
**THE OMI GROUP, INC.**

Principal Place of Business Mailing Address  
**% OPEN MAG. IMAGING OF PLANTATION LIM** **% OPEN MAG. IMAGING OF PLANTATION LIM**  
**801 SOUTH UNIVERSITY DR., STE K103A** **801 SOUTH UNIVERSITY DR., STE K103A**  
**PLANTATION FL 33324** **PLANTATION FL 33324**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
**801 S. University Dr.** **801 S. University Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**STE K103A** **STE K103A**

City & State City & State  
**Plantation FL** **Plantation FL**

Zip Country Zip Country  
**33324 US** **33324 US**

4. FEI Number 65-0901947  
 Applied For  
 Not Applicable

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

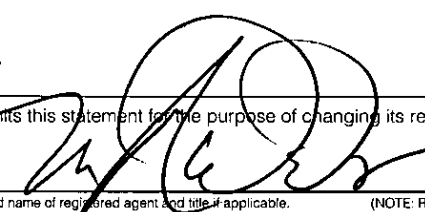
## 6. Name and Address of Current Registered Agent

**MARIO R. DELGADO, P.A.**  
**2151 S. LEJEUNE ROAD**  
**STE 202**  
**CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name **Mario R. Delgado, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2000 Ponce De Leon Blvd.**  
**#102**  
 City **Coral Gables** **FL** Zip Code **33134**

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  DATE **4/30/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **PSTD** ☐ Delete  
 NAME **ACOSTA, NELSON**  
 STREET ADDRESS **801 SOUTH UNIVERSITY DR., STE K103A**  
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

**4/30/02** **954-343-4100**

CR2E034 (9/01)