

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022534

1. Entity Name

THE OMEGA PARTNERS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90109 008 ***150.00

Principal Place of Business

Mailing Address

3389 SHERIDAN STREET
SUITE 302
HOLLYWOOD FL 33021

3389 SHERIDAN STREET
SUITE 302
HOLLYWOOD FL 33021-3606

2. Principal Place of Business

3. Mailing Address

205 DUNWOODY LANE

205 DUNWOODY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

4. FEI Number

65-0901368

Applied For

☒ Not Applicable

Zip

33021

Country

U.S.A.

Zip

33021

Country

U.S.A.

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

FRED S. HARRIS

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

205 DUNWOODY LANE

City

HOLLYWOOD

FL

Zip Code

33021

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 PTD
NAME CLARKE, MICHAEL A
STREET ADDRESS 3389 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SVD
NAME HARRIS, FRED S
STREET ADDRESS 3389 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ Delete

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STREET ADDRESS
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 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 #

CR2E034 (9/99)