

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90048 003 ***150.00

DOCUMENT # P99000022534

1. Entity Name

THE OMEGA PARTNERS, INC.

Principal Place of Business

**205 DUNWOODY LN
 HOLLYWOOD FL 33021**

Mailing Address

**205 DUNWOODY LN
 SUITE 302
 HOLLYWOOD FL 33021**

2. Principal Place of Business

3. Mailing Address

205 DUNWOODY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FLORIDA

4. FEI Number **65-0901368**

Applied For
 Not Applicable

Zip

Country

Zip

Country

33021

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

**HARRIS, FRED S
 205 DUNWOODY LN
 HOLLYWOOD FL 33021**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PTD	CLARKE, MICHAEL A	3389 SHERIDAN STREET	HOLLYWOOD FL 33021	<input type="checkbox"/>	<input type="checkbox"/>
SVD	HARRIS, FRED S	3389 SHERIDAN STREET	HOLLYWOOD FL 33021	<input type="checkbox"/>	<input type="checkbox"/>
PTD	CLARKE, MICHAEL A.	1530 TYLER STREET	HOLLYWOOD, FLORIDA 33020	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SVD	HARRIS, FRED S.	205 DUNWOODY LANE	HOLLYWOOD, FLORIDA 33021	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #

FRED S. HARRIS **04/25/2001** **(954) 929-7709**

CR2E034 (10/00)