2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P99000035925** Feb 22, 2000 8:00 am **Secretary of State** OMA PROPERTIES, INC. 02-22-2000 90024 020 ***158.75 Principal Place of Business Mailing Address 137 MADEIRA AVENUE 137 MADEIRA AVENUE CORAL GABLES FL 33134-4515 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address MADEI DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State CORA Not Applicable \$8.75 Additional 5. Certificate of Status Desired A ZU Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUAREZ uarez, raul r Street Address (P.O. Box Number is Not Acceptable) 137 MADEIRA AVENUE CORAL GABLES FL 33134 Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SUALET FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete ☐ Change ☐ Addition D SUALEZ TITLE SUAREWZ, RAULA R AUL NAME NAME STREET ADDRESS 1328 ASTURIA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Addition Change TITLE ☐ Delete TITLE SUAREZ, ROSEMARY B NAME NAME STREET ADDRESS 1328 ASTURIA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL GABLES FL 33134 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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