2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000041079** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name OMEGA BUSINESS VENTURES, INC. 04-21-2000 90051 027 ***150.00 Principal Place of Business Mailing Address 6299 PINESTEAD DRIVE 6299 PINESTEAD. DRIVE ____ UNIT 322 LAKE WORTH FL 33463-8037 LAKE WORTH FL 33463 2. Principal Place of Business 7922 AZTEC C7. 3. Mailing Address 7922 AZTEC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE LAKE WORTH FL. City & State 4. FEI Number Applied For WORTH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TEIGENSAUM SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) . 343 ALMERIA AVENUE CORAL GABLES FL 33134 KNUTH RD STE 220 200 BOYNTON SEALLY purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** PSD Change ☐ Addition TITLE ☐ Delete TITLE MAROTTA, ENRICO G. 1922 AZTEC CT. MAROTTA, ENRICO G NAME NAME STREET ADDRESS STREET ADDRESS **6299 PINESTEAD DRIVE** LAKE WONTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Addition TITLE ☐ Delete TITLE MAROTTA, Paola NAME MAROTTA, PAOLA NAME 7922 ALTEC OF STREET ADDRESS STREET ADDRESS 6299 PINESTEAD DRIVE CITY-ST-7IP CITY-ST-ZIP LAKE WORTH FL 33463 □ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE 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 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR