# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**
**Jun 16, 2003 8:00 am**
**Secretary of State**
05-19-2003 90206 046 ***150.00

55048401

[redacted]

DOCUMENT # P99000041079

1. Entity Name
OMEGA BUSINESS VENTURES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 7922 AZTEC CT.<br>LAKE WORTH FL 33463 | 7922 AZTEC CT.<br>LAKE WORTH FL 33463 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 65-0920078 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| FEIGENBAUM, ALAN<br>200 KNUTH RD STE 200<br>BOYNTON BEACH FL 33436 | Name MICHAEL RAGOONATH<br>Street Address (P.O. Box Number is Not Acceptable)<br>200 KNUTH RD.<br>City BOYNTON BCH FL Zip Code 33436 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE MICHAEL RAGOONATH 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PSD<br>MAROTTA, ENRICO G<br>7922 AZTEC CT<br>LAKE WORTH FL 33463 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VTD<br>MAROTTA, PAOLA<br>7922 AZTEC CT.<br>LAKE WORTH FL 33463 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE ENRICO MAROTTA PSD 4/28/03 561-707-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #