

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000041603**

1. Entity Name

OMI OF BOYNTON BEACH, INC.

FILED
Apr 25, 2000 08:00 AM
Secretary of State

Principal Place of Business

% OMI, INC.
801 SOUTH UNIVERSITY DRIVE SUITE C136-A
PLANTATION FL 33324

Mailing Address

% OMI, INC.
801 SOUTH UNIVERSITY DRIVE SUITE C136-A
PLANTATION FL 333242. Principal Place of Business
% OMI, INC.Suite, Apt. #, etc.
801 SOUTH UNIVERSITY DRIVE, SUITE K103ACity & State
PLANTATION FLZip Country
33324 US3. Mailing Address
% OMI, INC.Suite, Apt. #, etc.
801 SOUTH UNIVERSITY DRIVE, SUITE K103ACity & State
PLANTATION FLZip Country
33324 US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0919948

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

MARIO R. DELGADO, P.A.

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

2151 S. LEJEUNE ROAD**SUITE K103A**City **FL** Zip Code
CORAL GABLES **33134**

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 **MARIO R. DELGADO**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/25/2000

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PSTD ACOSTA NELSON**
STREET ADDRESS **801 SOUTH UNIVERSITY DRIVE SUITE C136-A**
CITY-ST-ZIP **PLANTATION FL 33324**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PSTD ACOSTA NELSON**
STREET ADDRESS **801 SOUTH UNIVERSITY DRIVE, SUITE K103A**
CITY-ST-ZIP **PLANTATION FL 33324**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: NELSON ACOSTA

PSTD 04/25/2000