

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90074 015 ***150.00

DOCUMENT # P99000041603

1. Entity Name
OMI OF BOYNTON BEACH, INC.

Principal Place of Business
**901 N CONGRESS AVENUE
 #D107
 BOYNTON BEACH FL 33426
 US**

Mailing Address
**% OMI, INC.
 801 SOUTH UNIVERSITY DRIVE, SUITE K103A
 PLANTATION FL 33324
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

801 S. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE K103A

City & State

City & State

Plantation FL

4. FEI Number

65-0919948

Applied For

Not Applicable

Zip

Country

Zip

33324

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARIO R. DELGADO, P.A.
 2151 S. LEJEUNE ROAD
 SUITE K103A
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Mario R. Delgado, P.A.**

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

**2000 Ponce De Leon Blvd
 #102**

City

Coral Gables

FL

Zip Code

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

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, 2002 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

TITLE **PSTD** ☐ Delete
 NAME **ACOSTA, NELSON**
 STREET ADDRESS **801 SOUTH UNIVERSITY DRIVE, SUITE K103A**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 #

CR2E034 (9/01)