

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 11, 2000 8:00 am
Secretary of State

03-28-2000 90044 033 ***150.00

DOCUMENT # P99000047746
 1. Entity Name
OMNI HEALTH CENTER, INC.

Principal Place of Business Mailing Address
5518 WEST FLAGLER ST. **5518 WEST FLAGLER ST.**
MIAMI FL **MIAMI FL 33134-1078**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5518 W FLAGLER ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI
 Zip Country Zip Country
FL **33134**

4. FEI Number Applied For
65-0927517 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALEJO, JOSE
5518 WEST FLAGLER ST.
MIAMI FL 33134

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Jose Alejo 5518 W Flagler St - President MIAMI FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Rosalia Alejo 5518 W Flagler St Secretary. MIAMI FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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: Jose Alejo **REQUIRED** Jose M. Alejo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3-25-00** Daytime Phone #: **305-267-4000**

CR. 014 (MAY 00)