


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90109 001 ***150.00

DOCUMENT # **P99000047746** ✓

Entity Name
OMNI HEALTH CENTER, INC.



Principal Place of Business
**301 W FLAGLER STREET
MIAMI FL 33144**

Mailing Address
**1830 SW 92 PLACE
MIAMI FL 33165**



Principal Place of Business
2001 NW 7st

Suite, Apt. #, etc.
300

City & State
Miami FL

Zip
33125

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0927517** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALEJO, JOSE
7301 W FLAGLER STREET
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ALEJO, JOSE	
STREET ADDRESS	5518 W FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	ALEJO, ROSALIA	
STREET ADDRESS	5518 W FLAGLER STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Yolanda Salazar	
STREET ADDRESS	7401 SW 149 COURT	
CITY-ST-ZIP	MIAMI FL 33193 V.P.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

2. 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: Rosalia Alejo Rosalia Alejo - 4-29/03 1-26-03 DATE: 786-4112-1112