

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000053764**

1. Entity Name

OMALAS, INC.

Principal Place of Business

**409 SE 1ST AVE
FLORIDA CITY FL 33034**

Mailing Address

**409 SE 1ST AVE
FLORIDA CITY FL 33034**

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

65-0956183

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

**PORCH, C. E.
1273 NW SPRUCE RIDGE DR.
STUART FL 34994**

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

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	PATEL, PREMSARAN	
STREET ADDRESS	333 SE 1ST AVE., U.S. HWY. 1	
CITY-ST-ZIP	FLORIDA CITY FL 33034	

TITLE	Director President	<input type="checkbox"/> Delete
NAME	BHARTI . P. PATEL	
STREET ADDRESS	333 S.E. 1st AVE	
CITY-ST-ZIP	FLORIDA CITY, FL 33034	

TITLE	Director Treasurer	<input type="checkbox"/> Delete
NAME	ILAKUMARI . D. PATEL	
STREET ADDRESS	1223 DOE 1st Ave	
CITY-ST-ZIP	Florida City, FL 33034	

TITLE	Director Secretary	<input type="checkbox"/> Delete
NAME	JYOTI . S. PATEL	
STREET ADDRESS	1326 S. Fieldmark Lane	
CITY-ST-ZIP	Homestead, FL 33035	

TITLE	Director, ASSISTANT SECRETARY	<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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATEL PREMSARAN

Date

3/5/01

Daytime Phone #

3052489777

0490765

CP2E034 (10/00)