

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000082926**

1. Entity Name

OMI OF WELLINGTON, INC.

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

Principal Place of Business

801 S. UNIVERSITY DR., STE K-103A

Mailing Address

801 S. UNIVERSITY DR., STE K-103A

PLANTATION
33324

FL

PLANTATION
33324

FL

2. Principal Place of Business
801 SOUTH UNIVERSITY DRIVE3. Mailing Address
801 SOUTH UNIVERSITY DRIVESuite, Apt. #, etc.
SUITE K103ASuite, Apt. #, etc.
SUITE K103ACity & State
PLANTATION

FL

City & State
PLANTATION

FL

Zip
33324Country
USZip
33324Country
US

4. FEI Number

65-0965755

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DELGADO MARIO R
2151 LEJUENE RD., STE. 202**CORAL GABLES**
33134

US

FL

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 202**

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 **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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ACOSTA NELSON
801 S. UNIVERSITY DR., STE K-103A
PLANTATION FL 33324 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ACOSTA NELSON
801 SOUTH UNIVERSITY DR., STE K103A
PLANTATION FL 33324 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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