

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082926

1. Entity Name
OMI OF WELLINGTON, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90089 030 ***150.00

Principal Place of Business

Mailing Address

801 SOUTH UNIVERSITY DRIVE
SUITE K103A
PLANTATION FL 33324
US

801 SOUTH UNIVERSITY DRIVE
SUITE K103A
PLANTATION FL 33324
US

2. Principal Place of Business

3. Mailing Address

11965 Southern Blvd.
Suite, Apt. #, etc.
#13 + 14

Suite, Apt. #, etc.

City & State
Royal Palm Bch., FL

City & State

4. FEI Number 65-0965755

Applied For

Not Applicable

Zip
33411

Country

USA

Zip

Country

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

MARIO R. DELGADO, P.A.
2151 S. LEJEUNE ROAD
SUITE 202
CORAL GABLES FL 33134

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
ACOSTA, NELSON
801 SOUTH UNIVERSITY DR., STE K103A
PLANTATION FL 33324 ☐ Delete

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

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nelson Acosta 4-11-01 423-8889 (954)

CR2E034 (10/00)