

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 25, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000093470**

1. Entity Name

OMI VENTURES, INC.

Principal Place of Business

6820 WINGED FOOT DRIVE

MIAMI  
33015

FL

Mailing Address

6820 WINGED FOOT DRIVE

MIAMI  
33015

FL

2. Principal Place of Business  
801 S. UNIVERSITY DR.3. Mailing Address  
801 S. UNIVERSITY DR.Suite, Apt. #, etc.  
STE. K103ASuite, Apt. #, etc.  
STE. K103ACity & State  
PLANTATION

FL

City & State  
PLANTATION

FL

Zip  
33324Country  
USZip  
33324Country  
US

4. FEI Number

65-0956841

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUECORAL 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

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

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME PSTD ☐ Delete  
ACOSTA NELSON  
STREET ADDRESS 6820 WINGED FOOT DRIVE  
CITY-ST-ZIP MIAMI FL 33015TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

PSTD: 04/25/2000