

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000093471****1. Entity Name**
OMI TECHNOLOGY GROUP, INC.

Principal Place of Business 6820 WINGED FOOT DRIVE MIAMI FL 33015	Mailing Address 6820 WINGED FOOT DRIVE MIAMI FL 33015
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2. Principal Place of Business 801 SOUTH UNIVERSITY DRIVE	3. Mailing Address 801 SOUTH UNIVERSITY DRIVE
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Suite, Apt. #, etc. SUITE K103A	Suite, Apt. #, etc. SUITE K103A
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City & State PLANTATION FL	City & State PLANTATION FL
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Zip 33324	Country US	Zip 33324	Country US
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL 33134
US

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****04/27/2000**

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, 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	PSTD <input type="checkbox"/> Delete
NAME	ACOSTA NELSON
STREET ADDRESS	6820 WINGED FOOT DRIVE
CITY-ST-ZIP	MIAMI FL 33015

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA NELSON
STREET ADDRESS	801 SOUTH UNIVERSITY DRIVE, SUITE K103A
CITY-ST-ZIP	PLANTATION FL 33324

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"/> 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"/> 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"/> 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"/> Delete
NAME	
STREET ADDRESS	
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 NELSON ACOSTA**PSTD** 04/27/2000