

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000094960**

1. Entity Name

OMI OF MIAMI LAKES, INC.

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

Principal Place of Business	Mailing Address
801 SOUTH UNIVERSITY DRIVE SUITE K103A PLANTATION FL 33324	801 SOUTH UNIVERSITY DRIVE SUITE K103A PLANTATION FL 33324

2. Principal Place of Business	3. Mailing Address
801 SOUTH UNIVERSITY DRIVE	801 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE K103A	SUITE K103A

City & State	City & State
PLANTATION FL	PLANTATION FL

Zip	Country	Zip	Country
33324	US	33324	US

4. FEI Number	Applied For
65-0967885	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 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 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	PSTD ☐ Delete
NAME	ACOSTA NELSON
STREET ADDRESS	801 SOUTH UNIVERSITY DRIVE
CITY-ST-ZIP	PLANTATION FL 33324

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE	☐ Change ☐ 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: 04/25/2000