

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90089 029 \*\*\*150.00

**DOCUMENT # P99000094964**

1. Entity Name  
**OMI OF FORT LAUDERDALE, INC.**

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

2. Principal Place of Business 3. Mailing Address  
**841 E. Commercial Blvd.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Ft. Lauderdale, FL**  
 Zip Country Zip Country  
**33334 USA**

4. FEI Number **65-0972506** Applied For  
 Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

TITLE ☐ Delete  
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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** 4-11-01 423-8889  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)