

2004 FOR PROFIT CORPORATION ANNUAL REPORT

#150

DOCUMENT # P99000094964

1. Entity Name
OMI OF FORT LAUDERDALE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 26 AM 8:00

Principal Place of Business
2200 N COMMERCE PKWY
WESTON, FL 33326 US

Mailing Address
2200 N COMMERCE PKWY
WESTON, FL 33326 US

2. Principal Place of Business

2200 N COMMERCE PKWY
Suite, Apt. #, etc.
#100

3. Mailing Address

2200 N COMMERCE PKWY
Suite, Apt. #, etc.
#100



02172004

Chg-P

CR2E034 (10/03)

MRD

City & State
WESTON, FL

Zip
33326

Country
US

City & State
WESTON, FL

Zip
33326

Country
US

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

MARIO R. DELGADO, P.A.
2000 PONCE DE LEON BLVD
#102
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2200 N COMMERCE PKWY, #100
WESTON, FL 33326

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700034084367
04/27/04--01034--001 **\$950.00

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

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

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

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

12. 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 10 or Block 11 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 #