

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90255 018 \*\*\*150.00

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**DOCUMENT # P99000094964**

1. Entity Name

OMI OF FORT LAUDERDALE, INC.



Principal Place of Business

841 E COMMERCIAL BLVD  
FORT LAUDERDALE FL 33334  
US

Mailing Address

801 SOUTH UNIVERSITY DRIVE  
SUITE K103A  
PLANTATION FL 33324  
US

2. Principal Place of Business

70 OMI GROUP, INC

3. Mailing Address

70 OMI GROUP, INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2200 N. COMMERCE PKWY

2200 N. COMMERCE PKWY

☒ CHECK HERE IF MAKING CHANGES

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-0972506

Applied For

Not Applicable

Zip

33326

Country

US

Zip

33326

Country

US

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

954-888-6411

Date

Daytime Phone #

CR2E034 (10/02)