

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097288

1. Entity Name

OMEGA BAIL BONDS, INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90058 003 ***558.75

Principal Place of Business

215 S.W. 17TH AVE #201
MIAMI FL 33135

Mailing Address

215 S.W. 17TH AVE #201
MIAMI FL 33135

2. Principal Place of Business

225 Aragon Avenue
Suite, Apt. #, etc.

3. Mailing Address

225 Aragon Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0963582

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROMERO, KENT E
215 S.W. 17TH AVE #201
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name
Romero, Kent E.
Street Address (P.O. Box Number is Not Acceptable)
225 Aragon Avenue
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 KENT E. ROMERO, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

9/10/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME ROMERO, KENT E
STREET ADDRESS 215 S.W. 17TH AVE #201
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE VD
NAME TANSEY, PETER J
STREET ADDRESS 215 S.W. 17TH AVE #201
CITY-ST-ZIP MIAMI FL 33135 ☐ Delete

TITLE SD ☒ Delete
NAME CORREA, ERNESTO M
STREET ADDRESS 215 S.W. 17TH AVE #201
CITY-ST-ZIP MIAMI FL 33135

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 PD ☒ Change ☐ Addition
NAME ROMERO, KENT E
STREET ADDRESS 225 ARAGON AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD ☒ Change ☐ Addition
NAME TANSEY, PETER J
STREET ADDRESS 225 ARAGON AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00

Date

(305) 970-3092

Daytime Phone #

CR2E034 (5/00)