

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097288

1. Entity Name

OMEGA BAIL BONDS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90031 006 ***158.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business 225 ARAGON AVENUE CORAL GABLES FL 33135	Mailing Address 225 ARAGON AVENUE CORAL GABLES FL 33135
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33134	Country	Zip 33134	Country

4. FEI Number 65-0963582	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent ROMERO, KENT E 225 ARAGON AVE. CORAL GABLES FL 33134	
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7. Name and Address of New Registered Agent	
Name PETER J. TANSEY	
Street Address (P.O. Box Number is Not Acceptable) 225 ARAGON AVENUE CORAL GABLES MIAMI 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 <i>Peter J. Tansey</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	PETER J. TANSEY (PRESIDENT) JAN. 7TH, 2001 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMERO, KENT E 225 ARAGON AVE CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TANSEY, PETER J 225 ARAGON AVE CORAL GABLES FL 33134 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANSEY, PETER J. 225 ARAGON AVE. CORAL GABLES, FLORIDA 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Peter J. Tansey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	PETER J. TANSEY 1/7/01 (305) 710-2572 <small>Date Daytime Phone #</small>
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CR2E034 (10/00)