

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098622

1. Entity Name

OMEGA HOME FUNDING, CORP.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90008 014 ***150.00

Principal Place of Business

8233 HARDING AVE., #202
MIAMI BEACH FL 33141

Mailing Address

8233 HARDING AVE., #202
MIAMI BEACH FL 33141-5214

2. Principal Place of Business

16375 NE 18th AVE

3. Mailing Address

8233 Harding Ave 202

Suite, Apt. #, etc.

Suite. 312

Suite, Apt. #, etc.

Miami Beach FL 33141

City & State

North MIAMI-Beach, FL.

City & State

Zip

Country

33162

Zip

Country

U.S.A.

4. FEI Number

65-0959257

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEREZ, BEHAR & ASSOCIATES, PA
14730 N.E. 10TH AVENUE
N. MIAMI FL 33161

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2000 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

TITLE PD ☐ Delete
NAME FUENTES, DAVID
STREET ADDRESS 8233 HARDING AVE., #202
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE VD ☐ Delete
NAME FUENTES, MARISOL
STREET ADDRESS 8233 HARDING AVE., #202
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Fuentes

4/19/2000 (305) 915-9161

CR2E034 (9/99)