

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098622

1. Entity Name

OMEGA HOME FUNDING, CORP.

Principal Place of Business

Mailing Address

16375 NE 18th AVE STE 302
N. MIAMI BEACH, FL 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

PEREZ BEHAR & ASSOC., P.A.

City & State

City & State

13935 NW 1st AVENUE

MIAMI, FLORIDA 33168

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

PEREZ BEHAR & ASSOC., P.A.

13935 NW 1st AVENUE

MIAMI, FLORIDA 33168

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FUENTES DAVID

Date

Daytime Phone #

3051688-9694

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90218 031 ***150.00

A0065722

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)