

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000109067**

1. Entity Name

**OMEGA CARPENTRY, INC.****FILED****Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90243 022 \*\*\*150.00

Principal Place of Business

171 N.W. 97TH AVENUE, #211  
MIAMI FL 33172

Mailing Address

171 N.W. 97TH AVENUE, #211  
MIAMI FL 33172**B0039479**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2816 W DAVIE BLVD.

Suite, Apt. #, etc.

Fort Lauderdale

City &amp; State

Broward Florida

Zip  
33312

Country

U.S.A.

3. Mailing Address

2816 W DAVIE BLVD.

Suite, Apt. #, etc.

Fort Lauderdale

City &amp; State

Broward Florida

Zip  
33312

Country

U.S.A.

4. FEI Number

65-0984893

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

URBANI, EDUARDO A  
171 N.W. 97TH AVENUE, #211  
MIAMI FL 33172

Name

URBANI EDUARDO A.

Street Address (P.O. Box Number is Not Acceptable)

2816 W DAVIE BLVD

City

Fort Lauderdale

FL

Zip Code

33312

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

02-02-01

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 ☒ Delete  
NAME D  
STREET ADDRESS URBANI, EDUARDO A  
CITY - ST - ZIP 171 N.W. 97TH AVENUE, #211  
MIAMI FL 33172TITLE ☒ Change ☐ Addition  
NAME URBANI EDUARDO A.  
STREET ADDRESS 2816 W. DAVIE BLVD.  
CITY - ST - ZIP Fort Lauderdale 33312TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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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 #

02-02-01 305-3218708

h me-954-7920979

CR2E034 (10/00)