

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S23919**

1. Entity Name **OMARCO INC.**

FILED
 01 MAR -9 PM 3:44
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

2. Principal Place of Business **47 NW. 79 ST**
 Suite, Apt. #, etc. **MIAMI FL**
 City & State

3. Mailing Address **Same**
 Suite, Apt. #, etc.
 City & State

4. FEI Number **650261777** Applied For Not Applicable

Zip **33150** Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

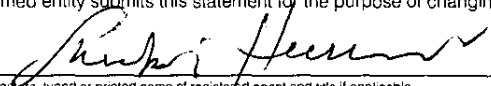
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **Shukri Hussein**
 Street Address (P.O. Box Number is Not Acceptable)
47 NW. 79 ST MIAMI
 City **MIAMI** FL Zip Code **33150**

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  **3-6-01**
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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

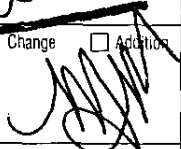
10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT <input type="checkbox"/> Delete
NAME	SHUKRI HUSSEIN
STREET ADDRESS	47 NW. 79 ST MIAMI 33150
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003851961--6
STREET ADDRESS	-03/14/01--01016--001
CITY-ST-ZIP	****500.00 ****500.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100003851961--6
STREET ADDRESS	-03/14/01--01016--002
CITY-ST-ZIP	****400.00 ****400.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT **2008-01**


13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3-6-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)