

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90007 049 \*\*\*150.00

**DOCUMENT # S91641**

1. Entity Name

**OMNI MANAGEMENT CORPORATION**

Principal Place of Business

3201 N.W. 4TH TERR #69  
 POMPANO BEACH FL 33064  
 US

Mailing Address

3201 N.W. 4TH TERR #69  
 POMPANO BEACH FL 33064  
 US

2. Principal Place of Business

**1222 NE 4 AVE**

Suite, Apt. #, etc.

**C/O LABOSSIERE**

City & State

**FORT LAUDERDALE**

Zip

**33304**

Country

**U.S.A.**

3. Mailing Address

**1222 NE 4 AVE**

Suite, Apt. #, etc.

**C/O LABOSSIERE**

City & State

**FORT LAUDERDALE**

Zip

**33304**

Country

**U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0293093**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**VANDANDAIGUE, GUY J**  
**3201 N.W. 4TH TERRACE #69**  
**POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

**VANDANDAIGUE GUY J.**

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

**1222 N.E. 4 AVE**

**C/O LABOSSIERE**

City

**FORT LAUDERDALE FL**

Zip Code

**33304**

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 **GUY J. VANDANDAIGUE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Feb 15/2001**

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

TITLE	PT	<input type="checkbox"/> Delete
NAME	<b>VANDANDAIGUE, GUY J.</b>	
STREET ADDRESS	<b>3201 NW 4TH TERR #69</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	DS	<input type="checkbox"/> Delete
NAME	<b>GHISLAINE VANDANDAIGUE</b>	
STREET ADDRESS	<b>3201 N.W. 4 TERR. #69</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANDANDAIGUE GUY J.</b>	
STREET ADDRESS	<b>1222 NE 4 AVE C/O LABOSSIERE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GHISLAINE VANDANDAIGUE</b>	
STREET ADDRESS	<b>1222 NE 4 AVE C/O LABOSSIERE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33304</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**VANDANDAIGUE GUY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Feb 15/2001**

CR2E034 (10/00)