


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

06-19-2003 90044 039 \*\*\*550.00

DOCUMENT # F01000026966  
1. Entity Name  
**OMNICS INTERNATIONAL CORPORATION** ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**13930 Jefferson Davis Hwy**  
Suite, Apt. #, etc.  
**#160**

3. Mailing Address  
**13930 Jefferson Davis Hwy.**  
Suite, Apt. #, etc.  
**#160**

City & State  
**Woodbridge, VA**

City & State  
**Woodbridge, VA**

4. FEI Number  
**59-3659235**

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

Zip Country  
**22191 Prince William**

Zip Country  
**22191 Prince William**

**DO NOT WRITE IN THIS SPACE**

Applied For  
 Not Applicable

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Art Jimenez**

Street Address (P.O. Box Number is Not Acceptable)  
**2606 E. Robinson St.**

**Orlando**

City  
**Orlando** FL Zip Code  
**32803**

8. The above named entity attests this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the agent.


SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>Louis Marrero</b> <b>President/Director</b> <b>16035 Hayes Lane</b> <b>Woodbridge, VA 22191</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>S. Dean Martin</b> <b>Treasurer/Director</b> <b>20462 Chartwell Center</b> <b>Cornelius, NC 28031</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or on an attachment with an address, with or without other authority.

SIGNATURE:  DATE: **6-9-03** (407) 424 1124  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (1/2/02)