

FILED
May 28, 2002 8:00 am
Secretary of State

02-13-2002 90166 012 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046031

1. Entity Name
OMNI MANAGEMENT CONSULTANTS, INC.

Principal Place of Business Mailing Address

520 N OCEAN BLVD #20 520 N OCEAN BLVD #20
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

240 W 98 St 240 W 98 St
Suite, Apt. #, etc. Suite, Apt. #, etc.
14E 14E

City & State City & State

New York New York

Zip Country Zip Country

10025 NY 10025 NY

4. FEI Number Applied For

65-0668841 Not Applicable

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

6. Name and Address of Current Registered Agent

FORMAN, SOL
520 N OCEAN BLVD #20
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name
EMERY B. SHEER, CPA

Street Address
9655 SO. DIXIE HIGHWAY 3 FLOOR

MIAMI 33156

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 EMERY B. SHEER, CPA 4/26/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D FORMAN, SOL 520 N OCEAN BLVD #20 POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORMAN, SOL 240 W 98 St. 14E New York, NY 10025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 807, 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] Date: 4/26/02 Daytime Phone #: (212) 665-8739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2002 (9/01)