

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90125 042 ***150.00

0817504 AT

DOCUMENT # **P96000046031**



1. Entity Name
OMNI MANAGEMENT CONSULTANTS, INC.

Principal Place of Business
~~240 W 98 ST~~ **240 W 98 ST.**
14E
NEW YORK NY 10025

Mailing Address
~~240 W 98 ST~~ **240 W 98 ST**
14E
NEW YORK NY 10025



2. Principal Place of Business
240 W 98 ST

3. Mailing Address
240 W 98 ST

Suite, Apt. #, etc.
14E

Suite, Apt. #, etc.
14E

CHECK HERE IF MAKING CHANGES

City & State
New York NY

City & State
New York NY

4. FEI Number **65-0668841**

Applied For
 Not Applicable

Zip **10025** Country **NY**

Zip **10025** Country **NY**

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

SHEER, EMERY B CPA
9855 SO DIXIE HIGHWAY 3 FLOOR
MIAMI FL 33156

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORMAN, SOL 240 W 98 ST 14E NEW YORK NY 10025	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sol Forman* **SIGNATURE REQUIRED** Forman, Pres 1/29/03 212 665-8739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)