

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90121 022 ***150.00

DOCUMENT # N10000004851

Entity Name
LAUDERDALE OAKS MANAGEMENT CORPORATION

Principal Place of Business
3060 N.W. 47 TERRACE
LAUDERDALE LAKES FL 33313
US

Mailing Address
3060 N.W. 47 TERRACE
LAUDERDALE LAKES FL 33313
US

Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

4. FEI Number
59-1453233
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STEIN, STANLEY
3090 N.W. 46TH AVE.
LAUDERDALE LAKES FL 33313

7. Name and Address of New Registered Agent

Name
Castle Management Inc.
 Street Address (P.O. Box Number is Not Acceptable)
4450 W. Sunrise Blvd. Ste 100
 City
Plantation Lakes FL
 Zip Code
33313

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 **Jean Gauthier**

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. ☐
 (See criteria on back)

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 VP2	NAME GAUTHIER, JEAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 3001 NORTHWEST 46TH AVENUE		
CITY-ST-ZIP LAUDERDALE LAKES FL 33313		
TITLE P	NAME SAVOY, HANK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2951 NW 46TH AVE		
CITY-ST-ZIP LAUDERDALE LKS FL 33313		
TITLE VP1	NAME BLACK, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS 2800 NORTHWEST 47TH TERRACE		
CITY-ST-ZIP LAUDERDALE LAKES FL 33313		
TITLE TD	NAME SCHIFF, RITA	<input type="checkbox"/> Delete
STREET ADDRESS 2800 NORTHWEST 47TH TERRACE		
CITY-ST-ZIP LAUDERDALE LAKES FL 33313		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP2	NAME Dandurand, Denyse	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3051 N.W. 46th Avenue		
CITY-ST-ZIP Lauderdale Lakes FL 33313		
TITLE P	NAME Jean Gauthier	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3001 N.W. 46th Ave.		
CITY-ST-ZIP Lauderdale Lakes FL 33313		
TITLE D	NAME Barbara Kalkanajian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3071 N.W. 47th Terrace		
CITY-ST-ZIP Lauderdale Lakes FL 33313		
TITLE D	NAME Hank Savoy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2951 N.W. 46th Avenue		
CITY-ST-ZIP Lauderdale Lakes FL 33313		
TITLE D	NAME Jean Guy Bertrand	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2861 N.W. 47th Terrace		
CITY-ST-ZIP Lauderdale Lakes FL 33313		
TITLE D (1st Alternate)	NAME Elmer Wessel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 3091 N.W. 46th Avenue		
CITY-ST-ZIP Lauderdale Lakes FL 33313		

3. 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:

Jean Gauthier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)