

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90155 014 \*\*\*150.00

**DOCUMENT # P98000070333**

1. Entity Name  
**OAKY & COMPANY, INC.**

**00038186**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br><b>8740 S.W. 63RD COURT<br/>MIAMI FL 33143</b> | Mailing Address<br><b>8740 S.W. 63RD COURT<br/>MIAMI FL 33143</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                 |  |
|--------------|--------------|---------------------------------|--|
| City & State | City & State | 4. FEI Number <b>65-0870102</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                             | Country  |

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

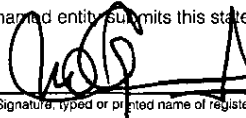
6. Name and Address of Current Registered Agent

**ROBLES, CLAUDIO**  
**8740 S.W. 63RD COURT**  
**MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**8888 SW 136 STREET # 356**  
 City **MIAMI** FL Zip Code **33176**

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  **Nancy Grygiel, VP.** DATE **04-11-01**

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

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          | <b>D</b> <input type="checkbox"/> Delete   |
| NAME           | <b>ROBLES, CLAUDIO</b>                     |
| STREET ADDRESS | <b>8740 S.W. 63RD COURT</b>                |
| CITY-ST-ZIP    | <b>MIAMI FL 33143</b>                      |
| TITLE          | <b>PT</b> <input type="checkbox"/> Delete  |
| NAME           | <b>ROBLES, CLAUDIO</b>                     |
| STREET ADDRESS | <b>8740 SW 63RD CT</b>                     |
| CITY-ST-ZIP    | <b>MIAMI FL 33143</b>                      |
| TITLE          | <b>VDS</b> <input type="checkbox"/> Delete |
| NAME           | <b>GRYGIEL, NANCY</b>                      |
| STREET ADDRESS | <b>8740 SW 63RD CT</b>                     |
| CITY-ST-ZIP    | <b>MIAMI FL 33143</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          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>8888 SW 136 STREET # 356</b>  |
| STREET ADDRESS | <b>MIAMI, FL. 33176</b>  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>8888 SW 136 STREET # 356</b>  |
| STREET ADDRESS | <b>MIAMI, FL 33176</b>   |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>8888 SW 136 STREET # 356</b>  |
| STREET ADDRESS | <b>MIAMI, FL. 33176</b>  |
| 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:  **Nancy Grygiel** DATE **04-11-01** DAYTIME PHONE # **305 234-3743**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0178722

CR2E034 (10/00)