

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069909

1. Entity Name

OAK INVESTMENTS AND HOLDINGS, INC.

Principal Place of Business

901 PONCE DE LEON BLVD SUITE 601
CORAL GABLES FL 33134

Mailing Address

901 PONCE DE LEON BLVD SUITE 601
CORAL GABLES FL 33134-3073

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SOARES, JACQUELINE S
7601 E TREASURE DR #1023
N BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name Jacqueline S. Soares

Street Address (P.O. Box Number is Not Acceptable)
7601 E. Treasure Dr #1023

City N. Bay Village State FL Zip Code 33141

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 Jacqueline S. Soares - JACQUELINE S. SOARES DATE 4/18/00
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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DE CARVALHO SOBRINHO, JOAQUIN R	
STREET ADDRESS	901 PONCE DE LEON BLVD SUITE 601	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: Joaquim de Sousa de Carvalho **JOAQUIN DE SOUSA DE CARVALHO** **SOBRINHO**
Signature and typed or printed name of signing officer or director
Date 4/18/00 Daytime Phone # (305) 8650727

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90096 022 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)