

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92211 016 \*\*\*150.00

0366012 AV

**DOCUMENT # P96000072489**

1. Entity Name  
**OAKLAND CAR SERVICE, INC.**



Principal Place of Business  
**4839 SW 148 AVE**  
**518**  
**FORT LAUDERDALE FL 33330**

Mailing Address  
**4839 SW 148 AVE**  
**518**  
**FORT LAUDERDALE FL 33330**

**11041985**



2. Principal Place of Business

**4839 SW 148 AVE**

3. Mailing Address

**4839 SW 148 AVE**

Suite, Apt. #, etc.

**518**

Suite, Apt. #, etc.

**518**

City & State

**DAVIE FL**

City & State

**DAVIE FL**

Zip

**33330**

Country

**Broward**

Zip

**33330**

Country

**Broward**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**65-0710374**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ATASH, NISSIM**  
**7400 W. OAKLAND PARK BLVD., #1531**  
**LAUDERHILL FL 33319**

7. Name and Address of New Registered Agent

Name **ATASH NISSIM**

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

**5500 Hancock road**

City

**S.W. Ranches**

FL

Zip Code

**33330**

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

*[Signature]*

**Atash Nissim**

**4-28-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **PTD** ☒ Delete  
NAME **ELKIN, MARCEL**  
STREET ADDRESS **4839 SW 148 AVE-518**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE **VP** ☒ Delete  
NAME **ELKIN, ILANA**  
STREET ADDRESS **4839 SW 148 AVE-518**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33330**

TITLE **PTD-VP** ☒ Delete  
NAME **Nissim Atash**  
STREET ADDRESS **5500 Hancock Road**  
CITY-ST-ZIP **SW. Ranches FL 33330**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD-VP** ☒ Change ☐ Addition  
NAME **Nissim Atash**  
STREET ADDRESS **5500 Hancock road**  
CITY-ST-ZIP **S.W. Ranches FL 33330**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

**4-28-03 (954)680 3116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)