

DOCUMENT # 394112

1. Entity Name

OAKLAND PARK BOULEVARD FLEA MARKET, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90002 008 ***150.00

Principal Place of Business

3161 W OAKLAND PARK BLVD
OAKLAND PARK FL 33311
US

Mailing Address

190 NE 199TH STREET, #203
N MIAMI BCH FL 33179

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

5400 S. UNIVERSITY DRIVE

Suite, Apt. #, etc.

SUITE 302

City & State

DAVIE, FL

Zip

33328

Country

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1376064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, STEVEN J
190 NE 199TH ST
STE 203
N MIAMI BCH FL 33179

7. Name and Address of New Registered Agent

Name FREEDMAN, STEVEN J.

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

5400 S. UNIVERSITY DRIVE

SUITE 302

City DAVIE

FL

Zip Code

33328

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

Steven J. Freedman

STEVEN J. FREEDMAN

PRESIDENT

1/3/01

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, 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	VP	<input type="checkbox"/> Delete
NAME	FREEDMAN, MIRIAM	
STREET ADDRESS	2125 N.E. 204TH ST.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	FREEDMAN, STEVEN J.	
STREET ADDRESS	10121 NW 10TH STREET	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FREEDMAN, BRUCE	
STREET ADDRESS	190 NE 199TH ST #204	
CITY-ST-ZIP	N MIAMI BCH FL	
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 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Steven J. Freedman

STEVEN J. FREEDMAN

1/3/01

(954)252-5652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #

CR2E034 (10/00)