

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758213

1. Entity Name
OAK CIRCLE CONDOMINIUM WAREHOUSE
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4301 OAK CIRCLE DR C/O LEDERMAN
UNIT 3 4 NW 108 WAY
BOCA RATON, FL 33431 PLANTATION, FL 33324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2151531

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL FEKETE
4201 OAK CIRCLE DRIVE
SUITE 29
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

6/21/00
DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES/DIR ☐ Delete
NAME HENRY COLOMBI
STREET ADDRESS 4301 OAK CIR DRIVE # 3
CITY-ST-ZIP BOCA RATON, FL 33431

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

TITLE VP/DIR ☐ Delete
NAME DANIEL FEKETE
STREET ADDRESS 4301 OAK CIR DR # 29
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500003329105--0
CITY-ST-ZIP -07/20/00--01005--028
****673.75 ****673.75

TITLE SIDNEY BORS DIR ☐ Delete
NAME
STREET ADDRESS 4201 OAK CIR DRIVE # 29
CITY-ST-ZIP BOCA RATON, FL 33431

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
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 617, 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: X. C. [Signature] SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/00 954-474-1130
Date Daytime Phone #

CR21 037 (9/4/97)