

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762997

1. Entity Name

OAKLAND OAKS ASSOCIATION, INC.

Principal Place of Business

18781 LENAIRE DRIVE
MIAMI FL 33157

Mailing Address

18781 LENAIRE DRIVE
MIAMI FL 33157-6354

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

59-2414074

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

Name

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

City

FL

Zip Code

TEGZES, FRANCINE

18781 LENAIRE DRIVE
MIAMI FL 33157

8207 SW 124 St.

Miami

33156

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)

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

TITLE POV *President* ☐ Delete

NAME PALMER, MICHAEL
STREET ADDRESS 158 N.E. 41 STREET, SUITE 9
CITY-ST-ZIP MIAMI FL 33137

TITLE STD *Secretary/Treasurer* ☐ Delete

NAME MOLINA, EDWIN
STREET ADDRESS 3440 N.E. 16TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE *Director* ☐ Delete

NAME TEGZES, FRANCINE
STREET ADDRESS 18781 LENAIRE DRIVE
CITY-ST-ZIP MIAMI FL 33157

TITLE *Director* ☐ Delete

NAME James pepper
STREET ADDRESS 3442 NE 16th Ave
CITY-ST-ZIP Oakland Park fl 33334

TITLE *Director* ☐ Delete

NAME Christine LANGONE
STREET ADDRESS 3444 NE 16th Ave
CITY-ST-ZIP Oakland Park fl 33334

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE *Edwin Molina*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2000

Daytime Phone #

954 565-3146

FILED
Jun 29, 2000 8:00 am
Secretary of State

01-24-2000 90089 003 ****61.25

DO NOT WRITE IN THIS SPACE