

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16600**

1. Entity Name

**OAKLAND PARK PLAZA ASSOCIATES LIMITED PARTNERSHI**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 27 PM 1:29

Principal Place of Business

4212 RIDGE ROAD  
BALTIMORE MD 21236

Mailing Address

4212 RIDGE ROAD  
BALTIMORE MD 21236-5725

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2391057

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KOPELOWITZ, HARVEY G  
750 S.E. 3RD AVENUE  
SUITE 100  
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **FRED H. MANN**

Street Address (P.O. Box Number is Not Acceptable)  
**840 E OAKLAND PARK BLVD #109**

City **FORT LAUDERDALE**

FL

Zip Code **33334**

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

*Fred H. Mann*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-28-00**

9. Capital Contributions  
as Shown on record.

**\$1,435,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F02480**  
NAME **CHESAPEAKE HOLDING CO.**  
STREET ADDRESS **4212 RIDGE ROAD**  
CITY - ST - ZIP **BALTIMORE MD**

DOCUMENT #  
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CITY - ST - ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

**700003314997--5**  
**-07/06/00--01059--024**

**\*\*\*\*\*88.75 \*\*\*\*\*88.75**

STREET ADDRESS

CITY - ST - ZIP

**700003314997--5**  
**-07/06/00--01059--025**

**\*\*\*\*\*437.50 \*\*\*\*\*437.50**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4/26/00**

**410-661-7950**