

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002034

1. Entity Name

IMI OF OAKLAND PARK, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90081 004 ***150.00

Principal Place of Business

Mailing Address

3396 WILLOW LANE
SUITE 200
WESTLAKE VILLAGE CA 91361

3396 WILLOW LANE
SUITE 200
WESTLAKE VILLAGE CA 91361

A0039947

2. Principal Place of Business

3. Mailing Address

6464 Canoga Avenue
Suite, Apt. #, etc.

6464 Canoga Avenue
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

WOODLAND HILLS CA

WOODLAND HILLS CA

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

91367

91367

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

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC
NAME FU, MONTY
STREET ADDRESS 6464 CANOGA AVE.
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Delete

TITLE Assistant Secretary
NAME mark N. Delevie
STREET ADDRESS 6464 Canoga Avenue
CITY-ST-ZIP Woodland Hills, CA 91367 ☐ Change ☒ Addition

TITLE D
NAME FUNARI, ROBERT
STREET ADDRESS 6464 CANOGA AVE.
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Delete

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

TITLE D
NAME BAGERDJIAN, HAIG
STREET ADDRESS 6464 CANOGA AVE.
CITY-ST-ZIP WOODLAND HILLS CA 91367 ☐ Delete

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

TITLE P
NAME WARD, DAVID L
STREET ADDRESS 3396 WILLOW LANE
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361 ☐ Delete

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

TITLE TV
NAME MARTEL, ROCHELLE J
STREET ADDRESS 3396 WILLOW LANE
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361 ☐ Delete

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

TITLE S
NAME BALDWIN, WAYNE
STREET ADDRESS 3396 WILLOW LANE
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361 ☒ Delete

TITLE S
NAME John S. Baumann
STREET ADDRESS 6464 Canoga Avenue
CITY-ST-ZIP Woodland Hills CA 91367 ☐ Change ☒ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Baumann

Date

818-737-4492

Daytime Phone #

CR2E034 (10/00)