

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G17806

1. Entity Name

OPPENHEIMER ASSOCIATES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90033 047 ***150.00

Principal Place of Business

Mailing Address

1750 UNIVERSITY DRIVE
SUITE 214
CORAL SPRINGS FL 33071
US

1750 UNIVERSITY DRIVE
SUITE 214
CORAL SPRINGS FL 33071-6077
US

2. Principal Place of Business

9600 W. SAMPLE ROAD

3. Mailing Address

9600 W. SAMPLE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 300

SUITE 300

City & State

City & State

CORAL SPRINGS

CORAL SPRINGS

Zip

33065

Country

USA

Zip

33065

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2249692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OPPENHEIMER, PETER
1750 UNIVERSITY DRIVE
SUITE 214
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

PETER OPPENHEIMER

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

9600 W. SAMPLE RD

SUITE 300

City

CORAL SPRINGS

FL

Zip Code

33071

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)

4-3-00

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, 2000 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 ☐ Delete
NAME DP
STREET ADDRESS OPPENHEIMER, PETER
CITY-ST-ZIP 1750 UNIVERSITY DR., #214
CORAL SPRINGS FL

TITLE ☐ Delete
NAME T
STREET ADDRESS OPPENHEIMER, PETER
CITY-ST-ZIP 1750 UNIVERSITY DR., #214
CORAL SPRINGS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 9600 WEST SAMPLE ROAD #300
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 9600 WEST SAMPLE ROAD, #300
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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

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

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

TITLE ☐ Change ☐ 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:

REQUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

Date

954 345-8400

Daytime Phone #

CR2E034 (9/99)