

2001 UNIFORM BUSINESS REPORT (UBR)

0007835 AF

DOCUMENT # L00000012610

1. Entity Name

OAKLAND PARK STATION, LLC

Principal Place of Business

Mailing Address

3195 NORTH POWERLINE ROAD, SUITE 104
POMPAÑO BEACH FL 33069

3195 NORTH POWERLINE ROAD, SUITE 104
POMPAÑO BEACH FL 33069

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

65-1047071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNER, SCOTT

3195 NORTH POWERLINE ROAD, SUITE 104
POMPAÑO BEACH FL 33069

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE ☐ Delete
NAME *President*
STREET ADDRESS *Scott Brenner*
CITY-ST-ZIP *3195 N. Powerline Rd #104*
Pompano Bch, FL 33069

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

TITLE ☐ Delete
NAME *Vice President*
STREET ADDRESS *MARC Kopelman*
CITY-ST-ZIP *3195 N. Powerline Rd #104*
Pompano Bch, FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600003959275-03
-04/04/01--01081--016
******50.00 *****50.00*

TITLE ☐ Delete
NAME *Secretary*
STREET ADDRESS *BRIAN Horowitz*
CITY-ST-ZIP *3195 N. Powerline Rd #104*
Pompano Bch, FL 33069

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

TITLE ☐ Delete
NAME *Treasurer*
STREET ADDRESS *Hyman Horowitz*
CITY-ST-ZIP *3195 N. Powerline Rd #104*
Pompano Bch, FL 33069

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

FILED
01 MAR 26 PM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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