

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 24, 2003 8:00 am
Secretary of State

09-24-2003 90046 002 ****50.00

DOCUMENT # L01000014969

1. Entity Name
OAKOP LLC



Principal Place of Business
**1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

Mailing Address
**7491 WEST OAKLAND PARK BLVD.
LAUDERHILL FL 33319**

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 **65-1134614**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHEINER, ELIEZER
1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

Name

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

7491 W. Oakland Park Blvd #100

City **Lauderhill**

FL

Zip Code **33319**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHEINER, ELIEZER
1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7491 W. Oakland Park Blvd #100
Lauderhill FL 33319** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information submitted 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 REQUIRED

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

Date

Daytime Phone #

9/24/03 954-578-194113

CR2E083 (10/02)