2001 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # L9800	กกกรกรล			\ .					ξ
DOCUMENT # L9800003028 1. Entity Name 33 OAK STREET, L.L.C.						FILED				2
						01 JAN 2	9 PM 2): 18		
Principal Place of Business Mailing Address										
33 OAK ST. BING HAMTO	ON	4751 GULF SHORE BLV APT. #1406	51 GULF SHORE BLVD., NORTH T. #1406			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
NEW YORK NY 13905 NAPLES FL 34103					1 1					
6 Diani-1	No. of Paris		_							
z. Principal i	Place of Business	3. Mailing Address	valing Address							
Suite, Apt. #, etc. Suite, Apt.			, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State						4. FEI Number NOT APPLICABLE Applied For				
Zip	Country	Zip	Zip Country			NOT ALL			ot Applicable	}
	e e e e		e e e e e e e e e e e e e e e e e e e			5. Certificate of Status Desired \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				Name	7. Name	and Address of New F	legistered A	gent	•	-
MRS. MURIEL C. GENNETT				Street Address (DO Box Number in Net Acceptable)						
4751 GULF SHORE BLVD., NORTH				Street Address (P.O. Box Number is Not Acceptable)						1
APT. 1406										
NAPLES FL 34103				City			FL	Zip Cod	е	Ī
8. The above	named entity submits this statement for t	he purpose of changing it	s registere	ed office or regist	ered agent, o	both, in the State of Fk	orida.			1
SIGNATURE					•					
	Signature, typed or printed name of registered agent and	title if applicable. (NO	TE: Registered	d Agent signature requi	ed when reinstating)	DATE			
		FILE N	IOW!!! I	FEE IS \$50.00)					
		Make Check P	ayable to	o Department	of State					
9.	MANAGING MEMBER	IS/MEMBERS	10.			ADDITIONS	/CHANGES			_
TITLE NAME	MGRM GENNETT, MURIEL	☐ Delete	TITLE					Change	☐ Addition	9/
STREET ADDRESS	4751 GULF SHORE BOULEVARD,	APT. #1406	NAME STRE	ET ADDRESS						3 (1
CITY-ST-ZIP	NAPLES FL 33940		CITY-	-ST-ZIP						R2E083 (11/00)
TITLE NAME	Delete TITL		i ,		300003	8623	EEE		8	
STREET ADDRESS				ET ADDRESS		~~U	2/010 *50.00	ייין שטני	015 50.00	
CITY-ST-ZIP			-ST-ZIP		30,0446					
TITLE NAME	•	☐ Defete	TITLE NAME	1				☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP TITLE				-ST-ZIP					T A LPS	1
NAME		- 🗔 Delete	TITLE					Change	☐ Addition	
STREET ADDRESS CITY-\$T-ZIP	1 to			ET ADDRESS						
TITLE '		Delete	TITLE	ST-ZIP		· · · · · · · /		7 Change	T Addition	
NAME	ř	/ Delete	NAME			/\/	ı	Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS		~ 0 °				
TITLE		☐ Delete	TITLE	ST-ZIP				Change	- 🔲 Addition	
NAME		Delete	NAME				Į.	- Ananôs	Auulioir ,	1
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	,					
	ertify that the information supplied with th	is filing does not qualify fo	r the exen	nntion stated in S	Section 119.07	(3)(i), Florida Statutes	further certif	v that the in	formation	
indicated	on this report is true and accurate and the	at my signature shall have	the same	legal effect as if	made under d	ath: that I am a manac	ing member	or manager	of the	