

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001918

1. Entity Name
OAK PLACE INVESTMENTS, L.L.C.

APPROVED
AND
FILED

01 MAY -1 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9240 SUNSET DRIVE, SUITE 216
MIAMI FL 33173

Mailing Address
9240 SUNSET DRIVE, SUITE 216
MIAMI FL 33173



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0925984

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SCHEIDT INC.~~ OSCAR RIVERA, ESQ
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

Name OSCAR RIVERA

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

201 Alhambra Circle Suite 1102
City Coral Gables FL Zip Code 33134

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 Oscar Rivera

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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

600004287916--7
-05/22/01--01098--018
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR GALLIANO INVESTMENTS, INC. ☐ Delete
STREET ADDRESS 2699 COLLINS AVENUE, 120
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE NAME MGR BALDO, INC. ☐ Delete
STREET ADDRESS 9240 SUNSET DRIVE, SUITE 216
CITY-ST-ZIP MIAMI FL 33173

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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]

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

Feb 3, 2001 (305) 546-2626

Date

Daytime Phone #

CR2E083 (11/00)