

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007680

1. Entity Name

1600 WEST OAKLAND PARK, L.L.C.

FILED

01 JAN 24 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1600 WEST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33311

Mailing Address

1600 WEST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33311

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

65-0964519

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

FAWLEY, MICHAEL R
2518 ARBOR DRIVE
FT. LAUDERDALE FL 33312

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 agent, or both, in the State of Florida.

SIGNATURE

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

(ing)

DATE

Make

1/24

9. MANAGING MEMBERS / MEMBERS

ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
CHAMBERLAIN, LAWRENCE
2015 N. 28TH AVENUE
HOLLYWOOD FL 33020

☐

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ZIEGLER, LINDA
2900 N.E. 15TH TERRACE
FORT LAUDERDALE FL 33334

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FAWLEY, MICHAEL R
2518 ARBOR DRIVE
FORT LAUDERDALE FL 33312

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
GAI, MICHAEL
10360 GROVE LANE
COOPER CITY FL 33328

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

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)