

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 12 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L99000008644

DOCUMENT

1. Entity Name

OK EQUITIES, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

1701 Cheltenham Drive
Suite, Apt. #, etc.

3. Mailing Address

1701 Cheltenham Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL
Zip 32835 Country

City & State

Orlando, FL
Zip 32835-8194 Country

4. FEI Number

59-361 3326

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

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

TITLE

☐ Change

☒ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

☐ Delete

TITLE

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CITY-ST-ZIP

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)