

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-22-2001 90002 010 ****61.25

DOCUMENT # N97000005287

1. Entity Name

OAKLAND PARK COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

~~PO BOX 1601~~
~~POMPANO BEACH FL 33061~~

~~PO BOX 1601~~
~~POMPANO BEACH FL 33061~~

2. Principal Place of Business

370 SW 16ST

3. Mailing Address

370 SW 16ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BOCA RATON FL.

City & State
BOCA RATON FL.

4. FEI Number

65-0782238

Applied For

Not Applicable

Zip
33432

Country
USA

Zip
33432

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GANDON, FERNANDO
561 S.E. 18TH AVENUE
POMPANO BEACH FL 33060

Name **FERNANDO GANDON**

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

370 SW 16ST.

City **BOCA RATON**

FL **33432**

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

FERNANDO GANDON PRESIDENT

03/19/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GANDON, FERNANDO 561 S.E. 18TH AVENUE POMPANO BEACH FL 33060	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZAGARATE, HATVEY 909 SURFSIDE BLVD. SURFSIDE FL 33154	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, JOHN 80 S.W. 6TH AVENUE DANIA FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FERNANDO GANDON 370 SW 16ST BOCA RATON FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR JOHN MCCARTHY 2979 NW 56 AVE LAUDERHILL FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

FERNANDO GANDON PRESIDENT **03/19/01** (954) 240-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)