

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000002665

FILED
Jan 09, 2002 8:00 AM
Secretary of State

Entity Name: OAKWOOD PROJECT, INC.

Current Principal Place of Business:

8201 KONA AVENUE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

300 N.W. 12TH AVENUE
MIAMI, FL 33128

New Mailing Address:

FEI Number: 31-1599914 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARTORANO, SALVATORE
300 NW 12TH AVENUE
MIAMI, FL 33128 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOMINGUEZ, AGUSTIN
Address: 300 N.W. 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

Title: VPD () Delete
Name: SALVATORE, MARTORANO
Address: 300 N.W. 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

Title: VPD () Delete
Name: SIBLEY, RUSSELL A JR.
Address: 2628 5TH AVENUE, NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: STD () Delete
Name: RALEY, CLAIRE F
Address: 300 N.W. 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: SORGE, MARY
Address: 50 N. LAURA STREET, 9TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: MARTORANO, SALVATORE
Address: 300 N.W. 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: REVALES, RONALD E
Address: 300 N.W. 12TH AVENUE
City-St-Zip: MIAMI, FL 33128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE MARTOANO

VPD

01/09/2002

Electronic Signature of Signing Officer or Director

_____ Date