2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90078 014 ***150.00

DOCUMENT # P00000013804

1. Entity Name
OAKLAND CORP.

Principal Place of Business	Mailing Address
4038 N.E. 5TH TERRACE OAKLAND PARK FL 33334-2213	4038 N.E. 5TH TERRACE OAKLAND PARK FL 33334-2213

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	2719 NE 21 TR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ft. Lauderdale, Fl.
Zip / Country	Zip: 33306 / Country: Broward

4. FEI Number: 65-0997431 ☐ Applied For ☐ Not Applicable

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
GALATIS, TED P JR. 1501 NE 4TH AVENUE FORT LAUDERDALE FL 33304	Name: Richard S. Crowley Street Address (P.O. Box Number is Not Acceptable): 2719 NE 21 TR. City: Ft. Lauderdale FL Zip Code: 33306

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 X [signature] 2/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Richard S. Crowley 2719 NE 21 TR. Ft. Lauderdale, Fl. 33306 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.T.D. Patricia M. Crowley 2719 NE 21 TR. Ft. Lauderdale, Fl. 33306 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 2/27/01 (954) 765-5350 Ext 250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #