

# 2001-UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91152 013 \*\*\*150.00

**DOCUMENT #** P00000098436

1. Entity Name

TOWN CENTER O-L I<sup>2</sup> INC.

Principal Place of Business

13850 NE 26 AVE  
OPA LOCKA, FL 66054

Mailing Address

13850 NE 26 AVE  
OPA LOCKA, FL 66054

2. Principal Place of Business

1900 NW Corporate Blvd.

3. Mailing Address

1900 NW Corporate Blvd.

Suite, Apt. #, etc.

Suite 301W

Suite, Apt. #, etc.

Suite 301W

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1095534

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRASNA, GARY-M  
1900 Corporate Blvd., N.W.  
Suite 301W  
Boca Raton, Florida 33431

7. Name and Address of New Registered Agent

Name  
AMERICAN INFORMATION SERVICES, INC.  
Street Address (P.O. Box Number is Not Acceptable)  
One S.E. Third Avenue  
City Miami FL Zip Code 33131

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.

AMERICAN INFORMATION SERVICES, INC.

SIGNATURE By:

*Astrid Buttari*

Astrid Buttari, Asst. Secy.

04/19/01

Signature, typed or printed name of registered agent and one 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T STACKHOUSE, DENNIS 1900 NW Corporate Blvd., Ste. 301W Boca Raton, FL 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AYBAR, CARLOS 1900 NW Corporate Blvd., Ste. 301W Boca Raton, Florida 33431 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DURHAM, FREDERIC D/S 1900 NW Corporate Blvd., Ste. 301W Boca Raton, Florida 33431 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dennis Stackhouse* 04-19-01  
Dennis Stackhouse, President (305) 374-5600

Date Daytime Phone #

CR2E034 (11/00)