

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02 APR 24 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098436

1. Entity Name

TOWN CENTER O-L I, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

13899 Biscayne Blvd.

3. Mailing Address

P.O. Box 54-1464

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

City & State

Opa-locka, FL

4. FEI Number

65-1095534

Applied For

Not Applicable

Zip

33181

Country

USA

Zip

33056

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

American Information Services, Inc.

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

One S.E. Third Avenue, 28th Floor

City

Miami,

FL

Zip Code  
33131

**DO NOT WRITE  
IN THIS SPACE**

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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  
D/P/T  
STACKHOUSE, DENNIS  
STREET ADDRESS  
125 Summer Street, 16th Floor  
CITY-STATE-ZIP  
Boston, MA 02110

TITLE  
NAME  
VP  
AYBAR, CARLOS  
STREET ADDRESS  
2601 N.W. 207th Street, Apt. 148  
CITY-STATE-ZIP  
Opa-locka, FL 33056

TITLE  
NAME  
D/S  
DURHAM, FREDERIC  
STREET ADDRESS  
13899 Biscayne Blvd., Suite 102  
CITY-STATE-ZIP  
North Miami Beach, FL 33181

TITLE  
NAME  
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CITY-STATE-ZIP

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CITY-STATE-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 687-9366

Daytime Phone #

CR2E034B (12/01)