

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -1 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098436

1. Entity Name  
TOWN CENTER O-L I, INC.



Principal Place of Business  
13899 BISCAYNE BLVD  
STE. 102  
NORTH MIAMI BEACH, FL 33181 US

Mailing Address  
P.O. BOX 54-1464  
OPA-LOCKA, FL 33056 US

2. Principal Place of Business  
11077 Biscayne Boulevard  
Suite, Apt. #, etc.  
Suite 205

3. Mailing Address  
11077 Biscayne Boulevard  
Suite, Apt. #, etc.  
Suite 205

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number  
65-1095534

Applied For  
Not Applicable

Zip  
33161

Country  
USA

Zip  
33161

Country  
USA

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

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES INC  
ONE SE THIRD AVENUE, 28TH FLOOR  
MIAMI, FL 33131

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Delete  
NAME STACKHOUSE, DENNIS  
STREET ADDRESS 125 SUMMER STREET, 16TH FLOOR  
CITY-ST-ZIP BOSTON, MA 02110

TITLE DPT ☒ Change ☐ Addition  
NAME Stackhouse, Dennis  
STREET ADDRESS 800 Bovlston Street, Suite 401  
CITY-ST-ZIP Boston, MA 02199

TITLE VP ☐ Delete  
NAME AYBAR, CARLOS  
STREET ADDRESS 2601 N.W. 207TH STREET, APT. 148  
CITY-ST-ZIP OPA-LOCKA, FL 33056

TITLE DS ☒ Change ☐ Addition  
NAME Durham, Frederic  
STREET ADDRESS 11077 Biscayne Boulevard, Suite 205  
CITY-ST-ZIP Miami, Florida 33181

TITLE DS ☒ Delete  
NAME DURHAM, FREDERIC  
STREET ADDRESS 13899 BISCAYNE BLVD, STE. 102  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33181

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Dennis Stackhouse, Director

4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E034 (10/02)