## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P01000051761

Mailing Address

1533 SUNSET DRIVE SUITE 201

1. Entity Name

85 OAKMONT, INC.

Principal Place of Business

1533 SUNSET DRIVE SUITE 201



**FILED** Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90137 044 \*\*\*150.00

22002225

Surface April 4, of C	CORAL GABLE	S FL 33143	CORAL GABLES FL 33143								
City & State  City & State  Country  S. Centricate of Status Desired  S. Centricate of Status Desired Agent  T. Name and Address of New Registrone Agent  S. Centricate of Status Desired  Street Address (RO. Box Number is Not Acceptable)  Stree	2. Principal Place of Business		3. Mailing Address			─    			101 f1811 (8010 D)	UB 1101 1591	
SchmaChtTenBerrich   Size   Country   Size   Country   Size   Country   Size   Set 75 Additional rear Required   Set 75 Additional rear Required Agent   Name and Address of New Registered Agent   Set 75 Additional rear Required Registered Agent   Set 75 Additional rear Registered Agent   Set 7	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  B. Tree 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 me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida.  Stone Agent Age	City & State	e	City & State			4. FEIN	Number 65-1111738				
Name SchMACHTENBERG, LEE C 1333 SUNSET DRIVE SUITE 201 CORAL GABLES FL 33143  City FL Zip Code  City F	,		Zip	Zip Cou		5. Certificate of Status Desired					
SCHMACHTENBERG, LEE C 1533 SUNSET DRIVE SUITE 201  City FL Zip Code  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 Florica. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Floridate Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  D CHARGES TORNE SUITE 201  COPAL GABLES FL 33143  CITY-ST-ZIP  COPAL GABLES FL 33143  CITY-ST-ZIP  COPAL GABLES FL 33143  CITY-ST-ZIP  CIT	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
STREET ADDRESS   STREET	l <sub>r</sub>		Name								
SUNSET DRIVE SUITE 201  City  FL  Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Toped or proted many of impatement agent and side if appreciable.  (NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILE NOW!!! :FEE IS \$150.00  After May 1, 2003 'Fee will be \$550.00  Make Check Payable to Florida Department of State  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  SHEEL ALONESS  CITY-51-2P  CORAL GABLES FL 33143  Detelor  TITLE  MAKE SIREST ALONESS  CITY-51-2P  CITY SI-2P  Detelor  TITLE  MAKE SIREST ALONESS  CITY-51-2P  TITLE	SCHMACHTENBERG, LEE C				Street Address (P.O. Box Number is Not Acceptable)						
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 obligators of registered agent.    Fill Now!!! FEE IS \$150.00	1533 SUN	SET DRIVE SUITE 201			3.100.1100.100		,				
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, byeat or protect name of registered agent and titler applicable.  PLE NOW!!! :FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Added to Fees Title Nome  SIGNATURE  OFFICERS AND DIRECTORS IN 11  THE NOME  SIRET ADDRESS OFFI-ST-2P  CORAL GABLES FL 33143  OTY-ST-2P  THE NOME  SIRET ADDRESS OTY-ST-2P	CORAL GA	ABLES FL 33143									
SIGNATURE    FILE NOW!!!   FEE IS \$150.00		** ** **			City			FL	Zip Code	)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE MANAE SIRRET ADDRESS DITY-ST-ZPP  ITILE MA			t for the purpose of ch	anging its registe	ered office or regis	stered agent,	or both, in the State of Florid	a. I am fa	amiliar with, a	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE D SCHMACHTENBERG, LEE C	SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Registe	red Agent signature requ	uired when reinstat	ting)	DATE			
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	After	May 1, 2003 Fee will be \$550.0					<b>\$5.0</b> 0 Added				
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFFICERS A	ND DIRECTORS	11		ADDITI	IONS/CHANGES TO OFFICE	ERS AND	DIRECTORS	IN 11	
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	SCHMACHTENBERG, LEE C 1533 SUNSET DRIVE SUITE 20		NA , ST	ME ' REET ADDRESS				☐ Change	Addition	
TITLE VAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			NA ST	ME REET ADDRESS				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS		0	Delete TIT NA ST	TLE IME REET ADORESS	· · ·			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP CITYE CITYER CITY-ST-ZIP CITY-ST-Z	NAME STREET ADDRESS			NA ST	ME REET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME Street address			NA ST	ME REET ADDRESS				☐ Change	Addition	
	NAME		0.0	NA	ME				☐ Change	Addition	
		certify that the information supplied v	with this filing does not			Section 119.	.07(3)(i), Florida Statutes. I fu	rther cert	ify that the in	formation	

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: