


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90116 021 \*\*\*150.00

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AV

<b>DOCUMENT #</b> P01000089737	
1. Entity Name 1040 EAST OAKLAND CORP.	

Principal Place of Business 1040 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334	Mailing Address 1040 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1139362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  FORMAN, ROBERT S ESQ. 2101 WEST COMMERCIAL BOULEVARD SUITE 4100 FT. LAUDERDALE FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 10, 2003 Fee will be \$750.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCHERTY, JOHN 1040 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33334 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *John Docherty* **SIGNATURE REQUIRED** 8-22-03 954-561-1716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

*Attachment*  
LAW OFFICES  
**ROBERT S. FORMAN, P.A.**  
SUITE 4100  
2101 WEST COMMERCIAL BOULEVARD  
FORT LAUDERDALE, FLORIDA 33309

*80144630*  
*#PD1000089737*

ROBERT S. FORMAN  
MARK J. LYNN

TELEPHONE (954) 735-0000  
TELEFAX (954) 735-3636

OF COUNSEL  
VINCENT J. ALTINO, P.A.  
BERMAN & KEAN, P.A.

September 3, 2003

Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399


RE: 1040 Oakland Corp.

Dear Ladies and Gentlemen:

This firm represents 1040 Oakland Corp. in connection with its submission of the enclosed Uniform Business Report. Our client has informed us that it did not receive its Uniform Business Report from the State until June 2003. My client will only be paying the \$150.00 fee, as it should not be responsible for any extra fees arising from filing the Report late when it did not receive the Report in a timely fashion.

If you have any questions or comments, please contact me.

Very truly yours,

  
MARK J. LYNN  
MJL/js  
Encls. as stated above