

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90134 001 *1,650.00

DOCUMENT # P01000105698

1. Entity Name
OAK VENTURE, INC.

Principal Place of Business
999 PONCE DE LEON BLVD SUITE 720
CORAL GABLES FL 33134

Mailing Address
999 PONCE DE LEON BLVD SUITE 720
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2525 SWANSON AV

3. Mailing Address
2525 SWANSON AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33133

Country
U.S.A

Zip
33133

Country
U.S.A

5. Certificate of Status Desired ☐

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DE LA CAL, MARCO ESQ~~
~~999 PONCE DE LEON BLVD SUITE 720~~
~~CORAL GABLES FL 33134~~

Name **DANIEL A. DE LA IGLESIA**

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

2525 SWANSON AV.

City **MIAMI**

FL

Zip Code **33133**

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

(NOTE: Registered Agent signature required when reinstating)

8/12/02
 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **DE LA IGLESIA, DANIEL A**
 STREET ADDRESS **999 PONCE DE LEON BLVD SUITE 720**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☒ Change ☐ Addition
 NAME **DE LA IGLESIA, DANIEL A.**
 STREET ADDRESS **2525 SWANSON AV.**
 CITY-ST-ZIP **MIAMI FL. 33133**

TITLE **D** ☐ Delete
 NAME **JOSE M. MACHADO**
 STREET ADDRESS **3132 GIFFORD LN.**
 CITY-ST-ZIP **MIAMI FL 33133**

TITLE **D** ☒ Change ☒ Addition
 NAME **JOSE M. MACHADO**
 STREET ADDRESS **3132 GIFFORD LN.**
 CITY-ST-ZIP **MIAMI FL. 33133**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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

8/12/02
 Date

(305) 785-4772
 Daytime Phone #

CR2E034 (9/01)