

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000107427

1. Entity Name

OAKLAND FOREST PLAZA, INC.



Principal Place of Business

2699 WEST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FL 33309

Mailing Address

2699 WEST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FL 33309



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0485709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALLYANI, NOOR
2699 WEST OAKLAND PARK BLVD
FORT LAUDERDALE, FL 33309

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

03-13-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000078063
03/08/04-80012-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VALLYANI, NOOR
STREET ADDRESS	2699 WEST OAKLAND PARK BOULEVARD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	VP
NAME	VALLYANI, ROZINA
STREET ADDRESS	2699 WEST OAKLAND PARK BOULEVARD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	VALLYANI, NIZAR
STREET ADDRESS	2699 WEST OAKLAND PARK BOULEVARD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	D
NAME	VALLIANI, MOHAMED
STREET ADDRESS	2699 WEST OAKLAND PARK BOULEVARD
CITY - ST - ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

03-13-04