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FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90239 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053351

1. Entity Name
Oakland Forest Park, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2900 N. Military Tr.	27 Inverness Dr. E.
Suite, Apt #, etc. # 200	Suite, Apt #, etc.
City & State Boca Raton, FL 33431	City & State Englewood, CO 80112
Zip 33431 Country USA	Zip 80112 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0456125 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent
Name Karyo, Maximilien R. Esq.
Street Address (P.O. Box Number is Not Acceptable) 370 W. Camino Gardens Blvd.
Suite 403
City Boca Raton FL Zip Code 33432

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

SIGNATURE ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so ☐ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PSD
NAME	Burgess, Peter M
STREET ADDRESS	2900 N. Military Tr. # 200
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	T
NAME	Roslyn Colodny
STREET ADDRESS	2900 N. Military Tr. # 200
CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02 561 241-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Roslyn Colodny — Date — Daytime Phone #