

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003995

1. Entity Name

OAK SQUARE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90800 012 ***150.00

Principal Place of Business

Mailing Address

~~3200 PONCE DE LEON BLVD 2ND FLOOR~~

~~3200 PONCE DE LEON BLVD 2ND FLOOR~~

~~CORAL GABLES FL 33134~~

~~CORAL GABLES FL 33134-7239~~

US

US

2. Principal Place of Business

3. Mailing Address

c/o RJS 201 S. Biscayne Blvd.

c/o RJS 201 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1500

Suite 1500

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33131

33131

4. FEI Number

65-0463884

Applied For

Not Applicable

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

~~VALLE, JOSE~~

~~3200 PONCE DE LEON BLVD~~

~~2ND FLOOR~~

~~CORAL GABLES FL 33134~~

Name

Corporation Company of Miami

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

201 S. Biscayne Blvd., Suite 1500

City

Miami

FL

Zip Code

33131

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.

CORPORATION COMPANY OF MIAMI

SIGNATURE *Lalaine A. Landau*

Lalaine A. Landau, Asst. Secretary

2/28/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 **P** ☒ Delete
NAME **VALLE, JOSE**
STREET ADDRESS **3200 PONCE DE LEON BLVD 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D/P/S/T** ☒ Change ☐ Addition
NAME **Linburgh Martin**
STREET ADDRESS **c/o RJS 201 S. Biscayne Blvd., #1500**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

Linburgh Martin Linburgh Martin

FEBRUARY 18, 2000

345-949-8455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)