

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020664

1. Entity Name

OAKLAND PARK STATION, INC.

Principal Place of Business

12907 S.W. 103RD PLACE
MIAMI FL 33176

Mailing Address

12398 S.W. 82ND AVENUE
MIAMI FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0562915

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

GORMAN, LENARD H

~~2655 LEJEUNE ROAD SUITE 600~~

~~CORAL GABLES FL 33149~~

Name

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

1320 South Dixie Hwy

Penthouse 1275

City

Coral Gables

FL

Zip Code

33146

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

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

Lenard H. Gorman

4-27-01

(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, 2001 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 ☐ Delete
NAME PVP
STREET ADDRESS FONTECILLA, ISABEL E
CITY-ST-ZIP 12907 S.W. 103RD PL
MIAMI FL 33176

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

TITLE ☐ Delete
NAME VP
STREET ADDRESS FONTECILLA, CARLOS
CITY-ST-ZIP 13031 MAR STREET
CORAL GABLES FL 33156-6427

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carlos Fontecilla 4-27-01 (305) 255-4114

Date

Daytime Phone #

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90021 050 ***150.00

656101



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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