

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020121

1. Entity Name

LAUDERDALE PARKING COMPANY

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90094 008 \*\*\*150.00

Principal Place of Business

3471 N. FEDERAL HIGHWAY  
SUITE 601  
FT. LAUDERDALE FL 33306

Mailing Address

701 NW 19TH  
SUITE 100  
FT. LAUDERDALE FL 33311-4045  
US

2. Principal Place of Business

701 N.W. 19th ST. #100

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. #100

City & State

FT. LAUDERDALE FL

City & State

4. FEI Number

65-0658833

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'LEARY, MICEAL  
3471 N. FEDERAL HIGHWAY  
SUITE 601  
FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

PRAKASH PATEL

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

701 N.W. 19th STREET #100

City

FT. LAUDERDALE

FL

Zip Code

33311

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]*  
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

TITLE **D** ☐ Delete  
NAME **O'LEARY, MICEAL**  
STREET ADDRESS **3471 N. FEDERAL HIGHWAY, SUITE 601**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33306**

TITLE **PD** ☐ Delete  
NAME **PATEL, PRAKASH**  
STREET ADDRESS **701 NW 19 ST #100**  
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]*

*[Signature]*

1/11/00

9545248765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #