

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90001 030 ***150.00

DOCUMENT # P96000020245 (2)

Entity Name
OAKMONT REALTY PARTNERS, INC.

OAKMONT REALTY PARTNERS, INC.

Place of Business

3550 BISCAYNE BLVD PH
33137

Mailing Address

3550 BISCAYNE BLVD PH
MIAMI FL 33137-3841

OAKMONT REALTY PARTNERS, INC.

Original Place of Business

3550 BISCAYNE

2a. Mailing Address

26 SAME

Suite # etc
SUITE 110

27 Suite, Apt. #, etc

State

FL

28 City & State

3173

29 Zip

USA

30 Country

3. Date Incorporated or Qualified

03/04/1996

3a. Date of Last Report

1999

4. FEI Number

65-0655791

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Expenses
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KAPLAN, ERIC J
1110 BRICKELL AVE 7TH FLOOR
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Allowed)

83

84 City

FL

85 Zip Code

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and the taxpayer

NOTE: Signature of agent is required for all amendments.

Date

OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO

13. ADDITIONAL DIRECTORS IN 13

☒ Change

☐ Addition

D

HECK, G W

3550 BISCAYNE BLVD PH

MIAMI FL 33137

☐ DELETE

11 TITLE

PRESIDENT

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

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I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That 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 is in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00 355 273 7345

CR2E034 (9/96)