

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP 13 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072489 1. Entity Name OAKLAND CAR SERVICE, INC.			
Principal Place of Business 4839 SW 148 AVE 518 FORT LAUDERDALE, FL 33330		Mailing Address 4839 SW 148 AVE 518 FORT LAUDERDALE, FL 33330	
2. Principal Place of Business 3501 W. OAKLAND PK BLVD Suite, Apt. #, etc.		3. Mailing Address 3501 W. OAKLAND PK BLVD Suite, Apt. #, etc.	
City & State LAUDERDALE LAKES Zip 33311		City & State LAUDERDALE LAKES Zip 33311	
Country USA		Country USA	
4. FEI Number 65-0710374		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATASH, NISSIM 5500 HANCOCK RD S W RANCHES, FL 33330		7. Name and Address of New Registered Agent Name JACOB SCHNEIDER Street Address (P.O. Box Number is Not Acceptable) 3501 W. OAKLAND PARK BLVD City LAUDERDALE LAKES 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ☒ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTDV ATASH, NISSIM 5500 HANCOCK RD S W RANCHES, FL 33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO MARLENE FROMME 366 MELBA STREET STATEN ISLAND, NY 10314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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12. 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 10 or Block 11 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		Date 9-7-04 Daytime Phone # 1-954-730-7479 1-718-983-1739	