2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005043 AMENDED

1. Entity Name

2857 EAST OAKLAND PARK BOULEVARD CORP.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 24 PM 5:31

Principal Place of Business	Mailing Address
2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306	2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0821444** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAGLIARDI, MICHAEL 2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

100004565231--9
-08/31/01--01025--015
*****61.25 *****61.25

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GAGLIARDI, MICHAEL 2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDT GAGLIARDI, MICHAEL 2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, JEFF 2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 8-17-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #