

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005045 AMENDED

1. Entity Name

EAST OAKLAND PARK REALTY CORP.

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

4. FEI Number
65-0891177

☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NO. 111 FEB 15 1991

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-08/31/01--01025--012

*****61.25 *****61.25

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PSD
NAME GAGLIARDI, MICHAEL
STREET ADDRESS 2857 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33306 ☐ Delete

TITLE PSDT
NAME GAGLIARDI, MICHAEL
STREET ADDRESS 2857 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33306 ☒ Change ☐ Addition

TITLE TD
NAME WILSON, JEFF
STREET ADDRESS 2857 EAST OAKLAND PARK BLVD.
CITY-ST-ZIP FT. LAUDERDALE, FL 33306 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8-17-2001

CR2E083 (11/00)