2001	1 UNIFO	RM BUSIN	ESS REPO	RT (UE	3R)_	21	E	ILEO	Ó	î f
DOCUMENT # P97000005045 AMENDED 1. Entity Name EAST OAKLAND PARK REALTY CORP. Principal Place of Business 2857 EAST OAKLAND PARK BLVD. 2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306 FT. LAUDERDALE, FL 33306						SECRETARY OF STATE DIVISION OF CORPORATIONS				
						01 AUG 27 PM 5: 40				
						•	•			
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State			4. FEI Number 65-0891177			plied For at Applicable	
Zip	C	ountry = -	Zip	Country		5. Certificate of Status Desired		5.00 Add e Require		
	6. Name und	Address of Current Reg	Istered Agent			7. Name and Address of New Re	gistered Age	ent . ⇒ <u>~</u>		
GAG	SLIARDI, MIC	CHAEL	•	Nam	9	·				↓
1-2857 EAST OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33306			Stree	Street Address (P.O. Box Number is Not Acceptable)					-	
	,		•	City '			FL	Zip Cod	9	
* *		with this statement for the	ourness of changing its	registered office	or register	red agent, or both, in the State of Flori				i l
B. The above	a named entity sub	imits this statement for the	. Purpose or crianging its	registered emee	or register	od agom, or observe and once a constraint			•	
SIGNATURE		÷		Registered Agent sig	-	(when reinstalin())	DATE			
	Signature, typed or prin	ted name of registered agent and tit	e i appacase (iidiic	ragisletto Agail a		600004	565			-
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				140		ADDITIONS/0	HANGES			
9.	PSD	MANAGING MEMBERS	Delete	10.	PSDT			hange	Addition	<u>§</u>
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STREET ADDRESS		1.5		STREET ADDRE	22					
	certify that the info d on this report is t ability company or	ormation supplied with this rue and accurate and that the receiver or trusto	filipp elices not qualify for my signature shall have to powered to execute this		stated in Se effect as if re ed by Chap	ection 119.07(3)(i), Florida Statutes, I nade under oath; that I am a managi ter 608, Florida Statutes.	further certify ng member o	that the in	nformation or of the	
manico ik	asiny company of			*		0-170ml				
SIGNAT	FURE SIGNATURE AND T	PED OR PRINTED NAME OF SIG	NING MANAGING MEMBER, MAN	MAGER, OR AUTHOR	ZED REPRESI	ENTATIVE Date	Dayti	me Phone #		

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