

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000015361

1. Entity Name

OAK STREET MARKETING, INC

Principal Place of Business

Mailing Address

5377 LEITNER DR. W.
CORAL SPRINGS, FL. 33067 SAME

2. Principal Place of Business

1220 SOUTHWAYS

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BCH, FL.

City & State

4. FEI Number

650736458

Applied For

Not Applicable

Zip

33483

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DONALD LOUGHERAN
207 S.W. 12 COURT
FT. LAUDERDALE, FL. 33315

7. Name and Address of New Registered Agent

Name ALAN H. ROSENTHAL

Street Address (P.O. Box Number is Not Acceptable)

3300 UNIVERSITY DR, SUITE 305

City CORAL SPRINGS

FL

Zip Code

33065

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 ALAN ROSENTHAL CPA

(NOTE: Registered Agent signature required when reinstating)

4/30/01

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS: \$150.00

After MAY 1, 2001, Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DIRECTOR ☐ Delete
NAME ALLEN H. GLICK
STREET ADDRESS 1220 SOUTHWAYS
CITY - ST - ZIP DELRAY BCH, FL 33483

TITLE DIRECTOR ☐ Delete
NAME MARLENE GLICK
STREET ADDRESS 1220 SOUTHWAYS
CITY - ST - ZIP DELRAY BCH, FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY - ST - ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN H. GLICK

ALLEN H. GLICK, 4/30/01 561-272-5301

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)