

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000069909

1. Entity Name

OAK INVESTMENTS AND HOLDINGS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90096 022 ***150.00

Principal Place of Business

Mailing Address

901 PONCE DE LEON BLVD SUITE 601
 CORAL GABLES FL 33134

901 PONCE DE LEON BLVD SUITE 601
 CORAL GABLES FL 33134-3073

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

65-0830372

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOARES, JACQUELINE S
 7601 E TREASURE DR #1023
 N BAY VILLAGE FL 33141

Name Jacqueline S. Soares

Street Address (P.O. Box Number is Not Acceptable)
7601 E. Treasure Dr #1023

City N. Bay Village State FL Zip Code 33141

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

Jacqueline S. Soares

- JACQUELINE S. SOARES

4/18/00

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DE CARVALHO SOBRINHO, JOAQUIN R**
 CITY-ST-ZIP **901 PONCE DE LEON BLVD SUITE 601**
CORAL GABLES FL 33134

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joaquim Rebelo de Carvalho Soares
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00 (205) 8650727
 Date Daytime Phone #

CR2E034 (9/99)