

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. P97000084470

1. Entity Name

MILESTONE OAKLAND PARK MANAGEMENT, INC.

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90141 018 \*\*\*150.00

Principal Place of Business

5835 NW 21ST WAY  
BOCA RATON FL 33496

Mailing Address

5835 NW 21ST WAY  
BOCA RATON FL 33496

2. Principal Place of Business

1595 W. Oakland Park Blvd.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip 33311

Country

3. Mailing Address

5301 N. Federal Hwy.

Suite, Apt. #, etc.

Suite 370

City & State

Boca Raton, FL

Zip

33487

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0825216

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

MEDNICK, SANDER

C/O MILESTONE CAPITAL CORPORATION

5835 NW 21ST WAY

BOCA RATON FL 33496

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MEDNICK, SANDER	
STREET ADDRESS	5835 NW 21ST WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WACHTELL, MICHAEL L	
STREET ADDRESS	5835 NW 21ST WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDER MEDNICK

Date

Daytime Phone #

4/2/01

561-995-2249

CR2E034 (10/00)