

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098259

1. Entity Name

ROYAL OAKS APARTMENTS, INC.

Principal Place of Business

Mailing Address

C/O RIVER OAKS APARTMENTS
2929 NORTH DIXIE HIGHWAY
OAKLAND PARK FL 33334

C/O RIVER OAKS APARTMENTS
2929 NORTH DIXIE HIGHWAY
OAKLAND PARK FL 33334-6601

2. Principal Place of Business

5420 NW 27TH ST.

Suite, Apt. #, etc.

3. Mailing Address C/O FEIT MANAGEMENT CO.

5769 S. UNIVERSITY DR.

Suite, Apt. #, etc.

City & State

LAUDERHILL FLORIDA

City & State

DAVIE FLORIDA

Zip

33313

Country

USA

Zip

33328

Country

USA

4. FEI Number

65-0799991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, NORMAN T.P.A.
50 WEST MASHTA DRIVE
SUITE 2
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name

FEIT MANAGEMENT COMPANY

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

5769 S. UNIVERSITY DRIVE

City

DAVIE

FL

Zip Code

33328

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

FEIT MANAGEMENT COMPANY

[Signature]

4-13-2000

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEIT, ISREAL C/O RIVER OAKS APARTMENTS OAKLAND PARK FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHR, YORMAN C/O RIVER OAKS APARTMENTS OAKLAND PARK FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

FILED
Jun 07, 2000 8:00 am
Secretary of State

04-21-2000 90025 006 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)