

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90141 032 \*\*\*150.00

DOCUMENT # P98000033471

1. Entity Name

Black Oak Properties, Inc.

**DO NOT WRITE IN THIS SPACE**

653218

2. Principal Place of Business

3455 N.W. 54 St.

Suite, Apt. #, etc.

3. Mailing Address

3455 N.W. 54 street

Suite, Apt. #, etc.

City & State

Miami, FL 33142

City & State

Miami, FL

4. FEI Number

65-0827722

Applied For

Not Applicable

Zip

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kelley, Lilia

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

3455 N.W. 54 St.

City

Miami

FL

Zip Code  
33142

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
	Blank, Jerome	3455 N.W. 54 Street,	Miami, FL 33142
	Blank, Andrew	3455 N.W. 54 St.	Miami, FL 33142

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Blank

4/23/02

Date

Daytime Phone #

CR2E034B (12/01)