

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058791

1. Entity Name  
OAKLAND PARK BLVD. INVESTMENT CORP.

Principal Place of Business  
800 W OAKLAND PARK BLVD., SUITE 100  
FT LAUDERDALE FL 33311

Mailing Address  
800 W OAKLAND PARK BLVD., SUITE 100  
FT LAUDERDALE FL 33311

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90077 008 \*\*\*150.00

0254057

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DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0860737**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

SIMRING, ELLIS S  
800 W OAKLAND PARK BLVD., SUITE 100  
FT LAUDERDALE FL 33311

## 7. Name and Address of New Registered Agent

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.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D RASABI, SHLOMO</b> <input type="checkbox"/> Delete 800 W OAKLAND PARK BLVD., SUITE 100 FT LAUDERDALE FL 33311	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shlomo Rasbi, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2001

454-566-6245

Date

Daytime Phone #

CR2E034 (10/00)