

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90205 028 ***150.00

DOCUMENT # P98000070333

1. Entity Name

OAKY & COMPANY, INC.

Principal Place of Business

**8740 S.W. 63RD COURT
 MIAMI FL 33143**

Mailing Address

**8740 S.W. 63RD COURT
 MIAMI FL 33143**

2. Principal Place of Business

8888 SW 136 Street

3. Mailing Address

15500 De Havilland Ct.

Suite, Apt. #, etc.

356

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

City & State

West Palm Beach, FL

Zip

33176

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-0870102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ROBLES, CLAUDIO
 8888 SW 136 ST 356
 MIAMI FL 33176**

7. Name and Address of New Registered Agent

Name

ROBLES, Claudio

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

15500 De Havilland Ct.

City

West Palm Beach

FL

Zip Code
33414

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.

ROBLES, Claudio

(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, 2002 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	D	<input type="checkbox"/> Delete
NAME	ROBLES, CLAUDIO	
STREET ADDRESS	8888 SW 136 ST 356	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	PT	<input type="checkbox"/> Delete
NAME	ROBLES, CLAUDIO	
STREET ADDRESS	8888 SW 136 ST 356	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	GRYGIEL, NANCY	
STREET ADDRESS	8888 SW 136 ST 356	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

ROBLES, Claudio

04-02-02 561-795-3802

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)