

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 12, 2001 8:00 am
Secretary of State

01-12-2001 90017 014 ***150.00

09003087



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000085681			
1. Entity Name 2861 OAKLAND PARK CORP.			
Principal Place of Business 2857 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306		Mailing Address 2857 E. OAKLAND PARK BLVD. FORT LAUDERDALE FL 33306	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1091016		☐ 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	
GAGLIARDI, MICHAEL 2857 E OAKLAND PARK BLVD FT LAUDERDALE FL 33306		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			
TITLE	DPTS ☐ Delete		
NAME	GAGLIARDI, MICHAEL		
STREET ADDRESS	2857 E. OAKLAND PARK BLVD.		
CITY-ST-ZIP	FORT LAUDERDALE FL 33306		
TITLE	☐ Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	☐ Change ☐ Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Change ☐ Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Change ☐ Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
		Date 1-4-2001 Daytime Phone #	

CR2E034 (10/00)