

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103693

1. Entity Name

OAKLAND TRAVEL INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90029 043 ***150.00

Principal Place of Business

3421 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311

Mailing Address

3421 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES FL 33311-1110

2. Principal Place of Business

5546 W. OAKLAND PARK BLVD
Suite, Apt. #, etc.
SUITE 200A

3. Mailing Address

5546 W. OAKLAND PARK BLVD
Suite, Apt. #, etc.
SUITE 200A

City & State

LAUDERHILL, FL 33313

City & State

LAUDERHILL, FL 33313

Zip

COUNTRY

33313

BROWARD

Zip

33313

COUNTRY

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0562582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPENCE, LENWOOD
3421 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES 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.
(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	P	<input type="checkbox"/> Delete
NAME	SPENCER, LENWOOD	
STREET ADDRESS	4600 N.W. 42ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SPENCE, MAXINE	
STREET ADDRESS	4600 N.W. 42 ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENCE LENWOOD	
STREET ADDRESS	5546 W. OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERHILL, FL 33313	
TITLE	VP	<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		
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		

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 #

4/27/00 9547310337

CR2E034 19/991