

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90003 024 ***158.75

DOCUMENT # P99000023700

1. Entity Name

OAKLAND PARK DONUTS, INC.

Principal Place of Business

**7125 WEST OAKLAND PARK BLVD.
LAUDERHILL FL 33313**

Mailing Address

**6204 PARADISE POINT DRIVE
MIAMI FL 33157**

2. Principal Place of Business

5141 South University Drive

3. Mailing Address

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

4. FEI Number **65-0920883**

Applied For

Not Applicable

Zip

Country

33328

USA

Zip

Country

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

**GRANT, MARK ESQ.
C/O RUDEN, MCCLOSKEY
200 EAST BROWARD BLVD., 15TH FLOOR
FORT LAUDERDALE FL 33301**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **FERREIRA, JOSEPH**
STREET ADDRESS **7125 WEST OAKLAND PARK BLVD.**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **P** ☐ Change ☒ Addition
NAME **Cutler, Charles L.**
STREET ADDRESS **4055 Fern Forrest Road**
CITY-ST-ZIP **Cooper City, FL 33026**

TITLE **S** ☐ Delete
NAME **CUTLER, EDWARD L MD**
STREET ADDRESS **6204 PARADISE POINT DRIVE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VP** ☒ Change ☐ Addition
NAME **Cutler, Edward L. MD**
STREET ADDRESS **6204 Paradise Point Drive**
CITY-ST-ZIP **Miami, FL 33157**

TITLE **VP** ☒ Delete
NAME **FERRALDO, PAUL**
STREET ADDRESS **2573 JARDIN WAY**
CITY-ST-ZIP **WESTON FL 33327**

TITLE **S/T** ☐ Change ☒ Addition
NAME **Cutler, Robyn L.**
STREET ADDRESS **4055 Fern Forrest Road**
CITY-ST-ZIP **Cooper City, FL 33026**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: Edward L. Cutler, M.D. Edward L. Cutler, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/01 305-274-9274

Daytime Phone #

CR2E034 (10/00)