

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90061 022 ***158.75

DOCUMENT # P99000023700

1. Entity Name

OAKLAND PARK DONUTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5141 South University Drive

3. Mailing Address Edward L. Cutler

6204 Paradise Point Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davie, FL

City & State

Miami, FL

4. FEI Number

65-0920883

Applied For

Not Applicable

Zip
33328

Country

U.S.A.

Zip
33157

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name GRANT, MARK ESQ., c/o RUDEN, MCCLOSKEY

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

200 East Broward Blvd., 15th Floor

City

Ft. Lauderdale

FL

Zip Code
33301

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY-ST-ZIP
P	Cutler, Charles L.	4055 Fern Forrest Road	Cooper City, FL 33026
VP	Cutler, Edward L., M.D.	6204 Paradise Point Drive	Miami, FL 33157
S/T	Cutler, Robyn L.	4055 Fern Forrest Road	Cooper City, FL 33026

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edward L. Cutler, M.D. Edward L. Cutler, M.D. 4/22/02 (305) 274-9274

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #