

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

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90024 035 ***558.75

DOCUMENT # P99000027108

1. Entity Name
LLC OAK Hills Inc.

B0134266

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7900 Glades Rd

3. Mailing Address
7900 Glades Rd

Suite, Apt. #, etc.
Suite 610

Suite, Apt. #, etc.
Suite 610

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number
65-0940026

Applied For
☒ Not Applicable

Zip Country
.33434 U.S.A.

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33434 U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name David Miller
Street Address (P.O. Box Number is Not Acceptable)
7900 Glades Rd., Suite 610

City Boca Raton FL Zip Code 33434

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 David Miller - David Miller, Chairman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8/14/02
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 CP
NAME miller, David
STREET ADDRESS 7900 Glades Rd, Suite 610
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME Cary Greenberg
STREET ADDRESS 7900 Glades Rd, Suite 610
CITY-ST-ZIP BOCA RATON, FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME Scott Miller
STREET ADDRESS 7900 Glades Rd, Suite 610
CITY-ST-ZIP BOCA RATON, FL 33434

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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: Cary Greenberg CARY GREENBERG
Signature and typed or printed name of signing officer or director

8/14/02 Date 561-558-0165 Daytime Phone #

CR2E034B (12/01)