

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90230 027 ***150.00

DOCUMENT # P99000030930

1. Entity Name

4500 OAKS, INC.

Principal Place of Business

Mailing Address

~~STEARN'S WEAVER MILLER ET. AL.~~
~~200 EAST BROWARD BOULEVARD #1900~~
~~LAUDERDALE FL 33301~~

~~670 STEARN'S WEAVER MILLER ET. AL.~~
~~200 EAST BROWARD BOULEVARD #1900~~
~~FORT LAUDERDALE FL 33301-1040~~

2. Principal Place of Business

1700 NORTH DIXIE HWY

3. Mailing Address

1700 NORTH DIXIE HWY

Suite, Apt. #, etc.

SUITE 125

Suite, Apt. #, etc.

SUITE 125

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

U.S.A.

Zip

33432

Country

U.S.A.

4. FEI Number

65-0918353

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~DECIDERIO, PETER L. ESQ.~~
~~STEARN'S WEAVER MILLER, ET. AL.~~
~~200 EAST BROWARD BOULEVARD #1900~~
~~FORT LAUDERDALE FL 33301~~

7. Name and Address of New Registered Agent

Name

CHRIS SALMONSON

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

1700 NORTH DIXIE HIGHWAY
 SUITE 125

City

BOCA RATON

FL

Zip Code

33432

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)
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

CHRIS SALMONSON V.P.

4/28/00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS R. SALMONSON

4/28/00

Date

Daytime Phone #

561-391-2309

CR2E034 (9/99)