

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000040881

1. Entity Name

7751 W. OAKLAND PARK, INC.

Principal Place of Business

Mailing Address

4770 N.W. 2ND AVENUE  
SUITE D  
BOCA RATON FL 33431

4770 N.W. 2ND AVENUE  
SUITE D  
BOCA RATON FL 33431-4807

2. Principal Place of Business

3. Mailing Address

3299 NW 2 Ave  
Suite, Apt. #, etc.  
200

PO Box 811135  
Suite, Apt. #, etc.

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number

65-0923159

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

Name  
DAVID A. RUSTINE

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

3299 NW 2 Ave  
Ste 200

City  
Boca Raton

FL

Zip Code

33431

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSTINE, DAVID	
STREET ADDRESS	4770 N.W. 2ND AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33431	

TITLE	DSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID A. RUSTINE	
STREET ADDRESS	3299 NW 2 Ave #200	
CITY-ST-ZIP	Boca Raton, FL 33431	

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

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

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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:

David Rustine - Pres. David Rustine

4/10/00

(561) 997-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #