

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055516

1. Entity Name

OAKS PLAZA CENTER, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90071 027 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2033 MAIN ST. SUITE 304
SARASOTA FL 34237

2033 MAIN ST. SUITE 304
SARASOTA FL 34237-6049

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

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

ROTE, REX A
46 N WASHINGTON BLVD #1
SARASOTA FL 34236

Name

Mary Kelly

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

2033 Main St.

Suite 104

City

Sarasota

FL

Zip Code

34237

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

Mary L. Kelly

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

(NOTE: Registered Agent signature required when reinstating)

4.24.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D Jarallah, Samir
STREET ADDRESS 2033 Main St., Suite 104
CITY-ST-ZIP Sarasota, FL 34237

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

TITLE ☐ Delete
NAME D Kelly, Mary
STREET ADDRESS 2033 Main St., Suite 104
CITY-ST-ZIP Sarasota, FL 34237

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Mary L. Kelly, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.00 (94) 366-0217

Date

Daytime Phone #