


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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90279 045 ***150.00

DOCUMENT # P49000055516

1. Entity Name
Oaks Plaza Center, Inc.



DO NOT WRITE IN THIS SPACE

11032356

2. Principal Place of Business
1920 38th St. W.
Suite, Apt. #, etc.

3. Mailing Address
1920 38th St. W.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bradenton, FL

City & State
Bradenton, FL

4. FEJ Number
65-1037315

Applied For
 Not Applicable

Zip
34205 Country
US

Zip
34205 Country
US

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
Mary Kelly

Street Address (P.O. Box Number is Not Acceptable)
1920 38th St. W.

City
Bradenton

Zip Code
34205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Kelly DATE 4.24.03

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	<u>P</u>	TITLE	
NAME	<u>Jarallah, Simir</u>	NAME	
STREET ADDRESS	<u>1920 38th St. W.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Bradenton, FL 34205</u>	CITY-ST-ZIP	
TITLE	<u>VP</u>	TITLE	
NAME	<u>Kelly, Mary</u>	NAME	
STREET ADDRESS	<u>1920 38th St. W.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Bradenton, FL 34205</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(2)(b), 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 10 or on an attachment with an address, with all other like empowered.

Mary Kelly 4.25.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)