

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90083 011 ***158.75

DOCUMENT # P99000061764

1. Entity Name
OAK HILLS PARTNER, INC.



Principal Place of Business
**7900 GLADES ROAD
SUITE 610
BOCA RATON FL 33434
US**

Mailing Address
**7900 GLADES ROAD
SUITE 610
BOCA RATON FL 33434
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0940026**

Applied For
Not Applicable

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

**HCRM CORP.
2200 CORPORATE BLVD NW, SUITE 401
BOCA RATON FL 33431**

Name **DAVID MILLER**
Street Address (P.O. Box Number is Not Acceptable)
**7900 GLADES ROAD
SUITE 610
BOCA RATON, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CPS** ☐ Delete
NAME **MILLER, DAVID**
STREET ADDRESS **7900 GLADES ROAD, STE 610**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

TITLE **VPAS** ☒ Delete
NAME **KUSHAY, JOHN**
STREET ADDRESS **7900 GLADES ROAD, STE 610**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE **VP** ☒ Change ☒ Addition
NAME **GREENBERG, CARLY**
STREET ADDRESS **7900 GLADES ROAD, STE 610**
CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

DAVID MILLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03
Date

561-558-0165
Daytime Phone #

CR2E034 (10/02)