


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90250 045 ***150.00

DOCUMENT # F96000005842

1. Entity Name
OAKLAND MANAGEMENT CORP.



Principal Place of Business
31371 NORTHWESTERN HWY
STE. 250W
FARMINGTON HILLS MI 48334
US

Mailing Address
31371 NORTHWESTERN HWY
STE 250W
FARMINGTON HILLS MI 48334
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **38-3196699**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LUPTAK, PAOLA M
4700 NW BOCA RATON BLVD
4TH FLOOR
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	BEZDOS, MAURICE	
STREET ADDRESS	31731 NORTHWESTERN HWY., STE 200E	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BEZDOS, NORMAN	
STREET ADDRESS	31731 NORTHWESTERN HWY., STE 200E	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	LUPTAK, PAOLA	
STREET ADDRESS	2295 CORPORATE BLVD NW 240	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEZDOS, HAROLD	
STREET ADDRESS	31731 NORTHWESTERN HWY, #250W	
CITY-ST-ZIP	FARMINGTON MI 48334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Maurice J. Beznos* **SIGNATURE REQUIRED** Maurice J. Beznos April 24, 2003 (248) 855-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)