

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90194 043 ****61.25

DOCUMENT # 731850

1. Entity Name

OASIS - A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10850 SW 113 PL
 SUITE 215
 MIAMI FL 33176

10850 SW 113 PL
 SUITE 215
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Clb Caribbean Property Management

Clb Caribbean Property Management

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12301 SW 132 Ct

12301 SW 132 Ct

City & State

City & State

MIAMI FL

MIAMI FL

Zip
33186

Country
USA

Zip
33186

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1654125

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

BLAXBERG, BARRY ESQ
INGRAHAM BLDG
25 SE 2ND AVE
MIAMI FL 33131

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ZUPPA, STACY | |
| STREET ADDRESS | 4724 SW 67TH AVE., E-11 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | HOERNER, JUDITH | |
| STREET ADDRESS | 4710 S.W. 67TH AVENUE, #H-1 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | BIANCHI, PETER JR. | |
| STREET ADDRESS | 4716 S.W. 67TH AVENUE, #D-3 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BAILEY, JEFFREY | |
| STREET ADDRESS | 4728 SW 67 AVE # J10 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ALVAREZ, TANIA R | |
| STREET ADDRESS | 4716 SW 67 AVE, #D-6 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | MOSS, DORTHY | |
| STREET ADDRESS | 4730 SW 67 AVE # I-1 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |

| | | |
|----------------|---------------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZUPPA, STACY | |
| STREET ADDRESS | 4724 SW 67AVE E-11 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FERNANDEZ, VICTOR | |
| STREET ADDRESS | 4704 SW 67AVE N-4 | |
| CITY-ST-ZIP | MIAMI, FL 33155 | |
| TITLE | V-PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Fernandez, Carmen | |
| STREET ADDRESS | 4702 SW 67ave O-9 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BAHAMONDE, Alex | |
| STREET ADDRESS | 4700 SW 67ave P-5 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CARDAD, RONALD | |
| STREET ADDRESS | 4722 SW 67AVE A-10 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Grushnys, Tom | |
| STREET ADDRESS | 4732 SW 67AVE K-5 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |

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 617, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)