2002 UNIFORM BUSINESS REPORT (UBR)

000499 AV

DOCUMENT # A98000000141

FILED

02 FEB 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

OASIS DEVELOPMENT, LTD.

Principal Place of Business	Mailing Address
3399 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134	3399 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
9553 Harding Ave.	
Suite, Apt. #, etc. 308	Suite, Apt. #, etc. PO Box 545867
City & State Surfside, FL	City & State Surfside, FL
Zip 33154 Country USA	Zip 33154 Country USA

DUE BY MAY 1, 2002

4. FEI Number 65-0808477 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUMBERGER, HANS
3399 PONCE DE LEON BLVD., SUITE 202
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Baumberger, Hans

Street Address (P.O. Box Number is Not Acceptable) 9553 Harding Ave #308

City Surfside FL Zip Code 33154

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 _____ Hans Baumberger 1/23/2002
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$5,000,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000004354	STREET ADDRESS	9553 Harding Ave #308
NAME	CHAPS INVESTMENTS, INC.	CITY-ST-ZIP	Surfside, FL. 33154
STREET ADDRESS	3399 PONCE DE LEON BLVD., SUITE 202		
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED 1/23/2002 305-867-8870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #