

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0010801 AT

DOCUMENT # A98000000141

1. Entity Name
OASIS DEVELOPMENT, LTD.



FILED
03 APR 30 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
9553 HARDING AVE., #308
SURFSIDE FL 33154

Mailing Address
P.O. BOX 545867
SURFSIDE FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0808477

Applied For
Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAUMBERGER, HANS
9553 HARDING AVE. SUITE 308
SURFSIDE FL 33154

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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. 04/30/03 ADDITIONAL FEES ONLY \$526.25

DOCUMENT # P98000004354
NAME CHAPS INVESTMENTS, INC.
STREET ADDRESS 9553 HARDING AVE., #308
CITY-ST-ZIP SURFSIDE FL 33154

STREET ADDRESS

CITY-ST-ZIP

04/30/03--01088--008 **526.25

DOCUMENT #
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CITY-ST-ZIP

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
HANS BAUMBERGER

Date 04/21/2003

Daytime Phone # 905-867-8370

CR25003 (10/02)

STATE CHECK HERE