

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -2 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001365

1. Entity Name

OASIS VCG, LTD.

Principal Place of Business

10051 PINES BLVD., SUITE B
PEMBROKE PINES FL 33024

Mailing Address

1404 NW 179TH AVENUE
PEMBROKE PINES FL 33029

2. Principal Place of Business

2400 SW 115 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

2400 SW 115 TERRACE

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

4. FEI Number

65-0854167

Applied For

Not Applicable

Zip

33325

Country

USA

Zip

33325

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVA, VICENTE A

10051 PINES BLVD., SUITE B
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

SILVA, VICENTE A

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

2400 S.W. 115 TERRACE

City

DAVIE

FL

Zip Code

33325

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

Vicente A. Silva VICENTE A. SILVA, GENERAL PARTNER

4/30/01

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

(NO E-Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$492,389.01

10. Amount of Capital Contributions
in FLORIDA to date.

432,389.01

11. MAKE CHECK PAYABLE TO 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

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SILVA, VICENTE A
10051 PINES BLVD., SUITE B
PEMBROKE PINES FL 33024

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

MURPHY, CAROL A
15485 EAGLE NEST LANE, SUITE 120
MIAMI FL 33014-2221

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

Vicente A. Silva VICENTE A. SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01

Date

(954)-472-8734

Daytime Phone #

0003086 AF

CR2E003 (11/00)