

L20000006597

DOCUMENT # L02000006597

1. Entity Name

OXFORD STREET CONSULTING, LLC

FILED

03 DEC 17 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4710 NW 2ND AVE. SUITE 102
BOCA RATON FL 33431

4710 NW 2ND AVE. SUITE 102
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2305 NW 107th Ave

3. Mailing Address

2305 NW 107th Ave

Suite Apt. #, etc.

Suite # 2 M 46

Suite. Apt. #. etc.

Suite # 2 M 46

City & State

Miami, FL

City & State

Miami, FL 33172

4. FEI Number

32-0007550

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

33172

Country

USA

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name: TAX HOUSE CORPORATION
Street Address (P.O. Box Number is Not Acceptable): 1261 E SAMPLE ROAD
City: POMPANO BEACH FL Zip Code: 33064

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/09/03

FILE NOW! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: MGRM Delete
NAME: BARBIERI, CARLO
STREET ADDRESS: 4710 NW 2ND AVE.
CITY-ST-ZIP: BOCA RATON FL 33431

TITLE: MGRM Change Addition
NAME: BARBIERI, CARLO
STREET ADDRESS: 2578 NW 63RD LANE
CITY-ST-ZIP: BOCA RATON, FL 33489-2006

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME: 000025561810
STREET ADDRESS: 12/17/03 - 01061 - 002 **150.00
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

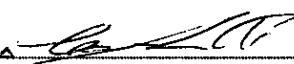
TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

REINSTATEMENT 

M THOMAS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12/10/2003

Date

(305) 499-9825

Daytime Phone #