

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90059 035 ***150.00

DOCUMENT # M43125

1. Entity Name
OASIS ASSOCIATES, INC.



Principal Place of Business
**23055 SW 180 COURT
MIAMI FL 33170**

Mailing Address
**23055 SW 180 COURT
MIAMI FL 33170**

2. Principal Place of Business
20504 SW, 133 AVE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State

4. FEI Number
59-2745790

Applied For
Not Applicable

Zip
33177

Country
DADE

Zip

Country

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

**FOLKERS, CLERENCE M
23055 SW 180 COURT
MIAMI FL 33170**

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 C. Michael Folkers PRES.

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

(NOTE: Registered Agent signature required when reinstating)

3/2/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FOLKERS, CLERENCE M
23055 SW 180 COURT
MIAMI FL 33170** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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 607, 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:

C. Michael Folkers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. MICHAEL FOLKERS

3/2/03

(305)968-8510

Date

Daytime Phone #

CR2E034 (10/02)