

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90025 049 ****61.25

DOCUMENT # N00000005179

1. Entity Name

OASIS RANCH, INC.

Principal Place of Business

Mailing Address

**4161 NORTHWEST 43RD STREET
 COCONUT CREEK FL 33073**

**4161 NORTHWEST 43RD STREET
 COCONUT CREEK FL 33073**

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

65-1033320

Applied For

Not Applicable

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

**PIZZARELLO, ELIZABETH L
 4161 NORTHWEST 43RD STREET
 COCONUT CREEK FL 33073**

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.

SIGNATURE

Elizabeth L Pizzarello

Elizabeth L Pizzarello

2/5/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PIZZARELLO, ELIZABETH L	
STREET ADDRESS	4161 NORTHWEST 43RD STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOVIN, WILLIAM	
STREET ADDRESS	4161 NORTHWEST 43RD STREET	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEISER, BELINDA	
STREET ADDRESS	C/O KEISER COLLEGE 1500 N.W. 49TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCKENZIE, KATHY	
STREET ADDRESS	C/O BELL SOUTH 6451 N. FEDERAL HWY. #113	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	<i>Secretary</i>	<input type="checkbox"/> Delete
NAME	<i>Nellie Hammel</i>	
STREET ADDRESS	<i>900 Crystal Lake DR # 205</i>	
CITY-ST-ZIP	<i>Deerfield Beach FL 33464</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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:

Signature Required

Elizabeth L Pizzarello

2/5/02

954 - 984-8362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)