2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)								O3 SEP-5 PH 1:48					
DOCUMENT # P00000108484							1:48						
1. Entity Name THE NORTH BAY OASIS COMPANY							O3 SEP -5 PH STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA						
A COLOR OF THE COL								UJUL TARY J	r STAI rci nRl	AC			
Principal Plac	ce of Business	· · · · · · · · · · · · · · · · · · ·	Mailing Address				:	SECHLAHASSEL	, ۲				
18570 NORTH BAY ROAD 18570 NORTH BAY ROAD SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL								HALL					
SUMMI ISEES	BLACH, IL 33100		SDIKKT SOCIS BOACH, FE	. 33100			i						
Principal Place of Business     3. Mailing Address													
Suite, Apt. #, etc.			Suite Ant Mala					merdar iri kurir priir aniti aniti aniti ani		Mill Billi		ı	
			, Suite Apr. 4- POTEACHANGE CIRCLE NORTH				CHECK HERE IF MAKING CHANGES					_	
City & State			City & State  MIKAMAK	4.		4. FE	El Number <b>65-1058712</b>		1-1-	plied For Applicable	$\frac{1}{2}$		
Zip	Country		Zip 3327	Cour	itry USA		5. C	ertificate of Status Desired . [	\$8.	75 Addi Required	tional	1	
	6. Name and Addr	ess of Current Re		`			7. Na	ame and Address of New Regis				1	
COHEN, STEPHAN L ESQ. 100 SOUTHEAST 6TH STREET FORT LAUDERDALE, FL 33301					Name			<del>-</del>					
					Street A	Street Address (P.O. Box Number is Not Acceptable)						1	
					City				FL	Zip Code		-	
8. The above	named entity submits the	his statement for the	he purpose of changing its	register	ed office or	register	ed age	nt, or both, in the State of Florida		er with,	and accept	1	
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. It am familiar with, and accept the obligations of registered agent.													
SIGNATURE	Signature, typed or primed name	e of registered agent and	lide if applicable. (NOT	E: Registere	ad Agent signatu	ne cecluirect	when main	staring)	CATE			1	
Aft	FILE-NOWIII FEE IS er May 1 / 2003 Fee y Amended UBR IS \$ Payable to Florida	vill be \$550,00 61,26	State		<del></del>	,		Election Campaign Financi Trust Fund Contribution.	ng 🗆		May Be to Fees		
10.	C	FFICERS AND DI	RECTORS	11.			ADD	ITIONS/CHANGES TO OFFICER	S AND DIR	ECTORS	IN 11	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZP	PS HAIME, NOHRA 18570 NORTH BAY SUNNY ISLES BEA		☐ Delete			114 V	ro I Mara	TNTERCHANGE CIRC N. AL 330V		Change C7#	Addition	-034 /10/02	
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NAME STREET ADDRESS	STEVENS, SHARON SARAH  ADDRESS 18570 NORTH BAY ROAD				EET ADDRESS	1144	6 I	NTEXCHANGE CIRCL	e Nov	(74)			
CITY-ST-2IP	SUNNY ISLES BEA	CH, FL 33160			-ST-ZIP	MIA	LAM	MR FC 33025	<del></del>				
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THILE	<del></del>	<del></del>	☐ Delete	7111				, , ,		Change	Addition	1	
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STREET ADDRESS CITY-ST-ZIP	<u> </u>	·		B	ET ADDRESS -ST-ZIP		·	A T program					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 dustee 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.												]	
-	/ .	Manager State Stat	all out of the entrowered					9/2/12					
SIGNAT	UHE:	E AND TYPED OF POR	TEN NAMES OF STOWN OFFICE	OR DEPCT	TOP				Cruimo	90000			