

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90134 016 ***150.00

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DOCUMENT # P99000110662

1. Entity Name
ORACLE FINANCIAL, INC.



Principal Place of Business
**7712 RED RIVER ROAD
WEST PALM BEACH FL 33411
US**

Mailing Address
**7712 RED RIVER ROAD
WEST PALM BEACH FL 33411
US**



2. Principal Place of Business
**100 CRESTWOOD CT N
APT 105**

3. Mailing Address
**100 CRESTWOOD CT N
APT 105**

Suite, Apt. #, etc.
APT 105

Suite, Apt. #, etc.
APT 105

City & State
Royal Palm Beach, FL

City & State
Royal Palm Beach, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0972646** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DIAZ, ROSEMARIE
7712 RED RIVER ROAD
WEST PALM BEACH FL 33411**

7. Name and Address of New Registered Agent

Name **DIAZ, ROSEMARIE**

Street Address (P.O. Box Number is Not Acceptable)
100 CRESTWOOD CT N APT 105

Royal Palm Beach FL Zip Code **33411**

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: *Rosemarie Diaz* **President** DATE: **1/28/03**

(NOTE: Registered Agent signature required when reinstating)

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 DIAZ, ROSEMARIE 7712 RED RIVER ROAD WEST PALM BEACH FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 CRESTWOOD CT N APT 105 Royal Palm Beach, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rosemarie Diaz* **Rosemarie Diaz** DATE: **1/28/03** (561) 798-9980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)