

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S26616**

1. Entity Name

OASIS HOMES INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90040 044 ***150.00

Principal Place of Business 10106 SW 114TH PL. MIAMI FL 33176-2576 US	Mailing Address 10106 SW 114 PL. MIAMI FL 33176-2576
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DO NOT WRITE IN THIS SPACE

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	65-0247761	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MASRI, OMAR K.
10106 SW 114 PL.
MIAMI FL 33176-2576

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MASRI, OMAR	
STREET ADDRESS	10106 S.W. 114 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Omari K. Masri*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-2000 305-595-3349
 Date Daytime Phone #

CR2E094 (5/00)

Attachment # S26614
B0107107
SEPT 12, 2000

TO: FLA. DEPT OF STATE
DIVISION OF CORPORATIONS

FROM: OMAR K. MASRI
OASIS HOMES INC.
10106 S.W. 114 PL.
MIAMI, FL 33176
305-595-3349

RE: CORPORATE FEES

ENCLOSED IS A CHECK FOR MY ANNUAL CORPORATE FEES. THIS IS THE FIRST NOTICE I HAVE RECEIVED. THE DEPARTMENT OF STATE USUALLY MAILS ME THIS BILL AT THE BEGINNING OF THE YEAR. I HAD NO IDEA THIS FEE WAS DUE AS I PAY ALL MY BILLS. THE SAME WEEK I RECEIVED THEM. IF YOU SHOULD HAVE ANY QUESTIONS PLEASE CALL ME AT 305-595-3349.

THANK YOU.

Omar K. Masri