

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90083 017 \*\*\*150.00

**DOCUMENT # P99000087402**

1. Entity Name  
**COSMIC OASIS, INC.**

Principal Place of Business Mailing Address  
~~3730 SIMMS STREET~~ ~~3730 SIMMS STREET~~  
~~HOLLYWOOD FL 33021~~ ~~HOLLYWOOD FL 33021~~

2. Principal Place of Business 3. Mailing Address  
**75 Whitehead Circle** **75 Whitehead Circle**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**WESTON, FL.** **WESTON, FL.**  
 Zip Country Zip Country  
**33326** **BROWARD** **33326** **BROWARD**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0957833** 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  
**VERNON, MARIE**  
~~3730 SIMMS STREET~~  
~~HOLLYWOOD FL 33021~~  
 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 *Marie Vernon* **4/30/01**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>VERNON, MARIE<br><del>3730 SIMMS ST</del><br><del>HOLLYWOOD FL 33021</del> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRES/TREAS.<br>VERNON, MARIE<br>75 Whitehead Circle<br>WESTON, FL. 33326 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SWINK, STEVEN<br><del>3730 SIMMS ST</del><br><del>HOLLYWOOD FL 33021</del> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V.P.<br>STEVEN SWINK<br>3955 NOB HILL RD. # 408<br>SUNRISE, FL. 33351    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition        |
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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: *Marie Vernon* **4/30/01** (954) 980-0557  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)