2003 FOR PROFIT CORPORATION

Feb 26, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR DOCUMENT #** P27132 1. Entity Name 02-26-2003 90146 029 ***150.00 OASIS FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 1300 N. FEDERAL HWY. 1300 N. FEDERAL HWY SUITE 207 SUITE 207 **BOCA RATON FL 33432** BOCA RATON FL 33432 US US 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name RUBIN, MORRIE 3398 NW 53RD CIRCLE Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33496** City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE RUBIN, MORRIE NAME ☐ Change ☐ Addition NAME 3398 NW 53RD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 33496 CITY-ST-ZIP TITLE Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE _ Delete. TITLE NAME - -- - Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change Addition NAME STREET ADDRESS 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 on the property of the corporation of the corporati **SIGNATURE:**

561-362-9689

FILED