

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90017 032 ****70.00

DOCUMENT # 731850

1. Entity Name

OASIS - A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13250 S.W. 135TH AVENUE
MIAMI FL 33186

13250 S.W. 135TH AVENUE
MIAMI FL 33186-6489

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1654125

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOTYCZKA, WILLIAM ESQ
13410 SW 128 STREET
MIAMI FL 33186

Name

Barry Blaxberg, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Ingraham Building - 25 SE 2nd Ave.

Suite 730

City

Miami

FL

Zip Code
33131

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

[Signature] **J. BARRY BLAXBERG** **1/18/00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VPD**
STREET ADDRESS **CHNHA, VIVIAN**
CITY-ST-ZIP **4712 S.W. 67TH AVENUE, #G-9**
MIAMI FL 33155

TITLE ☐ Change ☒ Add
NAME **D**
STREET ADDRESS **Cruz, Brenda**
CITY-ST-ZIP **4708 SW 67 Ave, #L-2**
Miami, FL 33155

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **HOERNER, JUDITH**
CITY-ST-ZIP **4710 S.W. 67TH AVENUE, #H-1**
MIAMI FL 33155

TITLE ☐ Change ☒ Add
NAME **D**
STREET ADDRESS **Bailey, Jeffrey**
CITY-ST-ZIP **4728 SW 67 Ave, #J-10**
Miami, FL 33155

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **BIANCHI, PETER JR.**
CITY-ST-ZIP **4716 S.W. 67TH AVENUE, #D-3**
MIAMI FL 33155

TITLE ☒ Change ☐ Add
NAME **D**
STREET ADDRESS **Bianchi, Peter Jr.**
CITY-ST-ZIP **4716 SW 67th Ave. #D-3**
Miami, FL 33155

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **VERA, ESPERANZA**
CITY-ST-ZIP **4708 SW 67 AVENUE, #L-5**
MIAMI FL 33155

TITLE ☐ Change ☒ Add
NAME **S**
STREET ADDRESS **Moss, Dorothy**
CITY-ST-ZIP **4730 SW 67 Ave, #I-1**
Miami, Florida 33155

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ALVAREZ, TANIA R**
CITY-ST-ZIP **4716 SW 67 AVE, #D-6**
MIAMI FL 33155

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **GRUSHNYS, THOMAS**
CITY-ST-ZIP **4732 SW 67TH AVE. K-5**
MIAMI FL 33155

TITLE ☐ Change ☐ Add
NAME
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 empowered to execute this report as required by Chapter 617, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JUDITH R. HOERNER**

Date

Daytime Phone #