

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90157 030 ****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

2. Principal Place of Business

10850 SW 113 PL

3. Mailing Address

10850 SW 113 PL

Suite, Apt. #, etc.

SUITE 215

Suite, Apt. #, etc.

SUITE 215

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number

59-1654125

Applied For

Not Applicable

Zip
 33176

Country
 USA

Zip
 33176

Country
 USA

5. Certificate of Status Desired **XEX**

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLAXBERG, BARRY ESQ
INGRAHAM BLDG
25 SE 2ND AVE
MIAMI FL 33131

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD CHNHA, VIVIAN 4712 S.W. 67TH AVENUE, #G-9 MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOERNER, JUDITH 4710 S.W. 67TH AVENUE, #H-1 MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIANCHI, PETER JR. 4716 S.W. 67TH AVENUE, #D-3 MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, JEFFREY 4728 SW 67 AVE # J10 MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, TANIA R 4716 SW 67 AVE, #D-6 MIAMI FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSS, DORTHY 4730 SW 67 AVE # I-1 MIAMI FL 33155	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ZUPPA, STACY 4724 S.W. 67th Avenue, #E-11 Miami FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR BIANCHI, PETER JR. 4716 S.W. 67th Avenue, #D-3 Miami FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / DIRECTOR MOSS, DOROTHY 4730 SW 67 Avenue, #I-1 Miami FL 33155	<input checked="" 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 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:

JUDITH A. HOERNER, TREASURER

Judith A. Hoerner 04/05/01 (305) 371-4112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)