

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90194 043 ****61.25

DOCUMENT # 731850

1. Entity Name

OASIS - A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10850 SW 113 PL
 SUITE 215
 MIAMI FL 33176

10850 SW 113 PL
 SUITE 215
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Clb Caribbean Property Management
 Suite, Apt. #, etc.
 12301 SW 132 Ct

Clb Caribbean Property Management
 Suite, Apt. #, etc.
 12301 SW 132 Ct

City & State
 MIAMI FL

City & State
 MIAMI FL

Zip
 33186

Country
 USA

Zip
 33186

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1654125

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

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

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	D	<input type="checkbox"/> Delete
NAME	ZUPPA, STACY	
STREET ADDRESS	4724 SW 67TH AVE., E-11	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HOERNER, JUDITH	
STREET ADDRESS	4710 S.W. 67TH AVENUE, #H-1	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BIANCHI, PETER JR.	
STREET ADDRESS	4716 S.W. 67TH AVENUE, #D-3	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, JEFFREY	
STREET ADDRESS	4728 SW 67 AVE # J10	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ALVAREZ, TANIA R	
STREET ADDRESS	4716 SW 67 AVE, #D-6	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MOSS, DORTHY	
STREET ADDRESS	4730 SW 67 AVE # I-1	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zuppa, Stacy	
STREET ADDRESS	4724 SW 67AVE E-11	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, VICTOR	
STREET ADDRESS	4704 SW 67AVE N-4	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	V-PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernandez, Carmen	
STREET ADDRESS	4702 SW 67ave 0-9	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAHAMONDE, Alex	
STREET ADDRESS	4700 SW 67ave P-5	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARDAD, RONALD	
STREET ADDRESS	4722 SW 67AVE A-10	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grushnys, Tom	
STREET ADDRESS	4732 SW 67AVE K-5	
CITY-ST-ZIP	MIAMI FL 33155	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)