

# 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

City & State

MIAMI FL

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

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 **D** ☐ Delete  
 NAME **ZUPPA, STACY**  
 STREET ADDRESS **4724 SW 67TH AVE., E-11**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **DS** ☒ Change ☐ Addition  
 NAME **Zuppa, Stacy**  
 STREET ADDRESS **4724 SW 67AVE E-11**  
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **PD** ☐ Change ☒ Addition  
 NAME **FERNANDEZ, VICTOR**  
 STREET ADDRESS **4704 SW 67AVE N-4**  
 CITY-ST-ZIP **MIAMI, FL 33155**

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

TITLE **V-PD** ☐ Change ☒ Addition  
 NAME **Fernandez, Carmen**  
 STREET ADDRESS **4702 SW 67ave O-9**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☒ Delete  
 NAME **BAILEY, JEFFREY**  
 STREET ADDRESS **4728 SW 67 AVE # J10**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TD** ☐ Change ☒ Addition  
 NAME **BAHAMONDE, Alex**  
 STREET ADDRESS **4700 SW 67ave P-5**  
 CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE **D** ☐ Change ☒ Addition  
 NAME **CARDADO, RONALD**  
 STREET ADDRESS **4722 SW 67AVE A-10**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **DS** ☒ Delete  
 NAME **MOSS, DORTHY**  
 STREET ADDRESS **4730 SW 67 AVE # I-1**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Change ☒ 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)