

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000223

1. Entity Name
OASIS 183, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 AM 11:19

3/22/00

Principal Place of Business
**20636 BISCAYNE BOULEVARD
AVENTURA FL 33180**

Mailing Address
**20636 BISCAYNE BOULEVARD
AVENTURA FL 33180-1534**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0815293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGER, PHILIP B ESQ.
20486 WEST DIXIE HIGHWAY
MIAMI FL 33180**

7. Name and Address of New Registered Agent

Name: **DANIEL HALBERSTEIN**
 Street Address (P.O. Box Number is Not Acceptable): **20636 BISCAYNE Blvd.**
 City: **Aventura** FL Zip Code: **33180**

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]* (NOTE: Registered Agent signature required when reinstating)
 DATE: **2/8/00**

9. Capital Contributions as Shown on record. \$400,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # P96000025584	NAME TRIARCH INVESTMENT GROUP, INC.	STREET ADDRESS	
STREET ADDRESS 20636 BISCAYNE BOULEVARD	CITY-ST-ZIP AVENTURA FL 33180	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
 DATE: **2/8/00** DAYTIME PHONE #: **305 93 3060**

CR2E003 (9/99)