## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # F9700000127 Sep 05, 2000 8:00 am Secretary of State OASIS TECHNOLOGY USA, INC. 09-05-2000 90027 014 \*\*\*550.00 Mailing Address Principal Place of Business 2400 North 983 CRESTMEN CIRCLE 983 CRESTVIEW CIRCLE Commerce PROST LAUDEDALE FL 33327 FORT LAUDEDALE FL 33327 Suite 306, Weston, FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0716059 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ent JOANNE BRADY SIGNATUR FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to atisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition **PCD** ☐ Delete TITI F TITLE NAME DIMITRI, ASHRAF NAME STREET ADDRESS STREET ADDRESS **5 DUMAURIER BLVD SUITE 422** CITY-ST-7IP CITY-ST-ZIP TORONTO ONTARIO CANADA M4N1V ☐ Change ☐ Addition ☐ Delete TITLE NAME BRADY, JOANNE NAME STREET ADDRESS STREET ADDRESS 78 GLENFOREST ROAD CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CANADA M4N2C ☐ Change Addition TITLE ☐ Delete TITLE TD NAME .SIU, SUNNY ... NAME STREET ADDRESS STREET ADDRESS 27 GUILDFORD CIRCLE CITY-ST-ZIP CITY-ST-ZIP UNIONVILLE ONTARIO CANADA L3R 0 ☐ Change ■ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment year, an address, with all other like empowered.

SIGNATURE SIGNATURE DATE BEAD AND 10, 2003 (416) 228-8020