2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F98000003868** Mar 10, 2000 8:00 am **Secretary of State** OASIS ENVIRONMENTAL MANAGEMENT SERVICES, INC. 03-10-2000 90016 018 ***158.75 Mailing Address Principal Place of Business 9300 N.W. 36TH STREET 9300 N.W. 36TH STREET MIAMI FL 33131-3259 MIAMI FL 33178 2. Principal Place of Business 3. Mailing Address 1221 Brickell <u>1221 Brickell Avenue</u> Avenue Suite, Apt. #, etc. 1780 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1780 City & State 4. FEI Number Applied For City & State 65-0844937 Not Applicable Miami <u>Miami, FI</u> Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Bevans, Ronald T. Jr. Street Address (P.O. Box Number is Not Acceptable) BEVANS, RONALD T JR 1221 Brickell Avenue 9300 N.W. 36TH STREET MIAMI FL 33178 Suite 1780 Zip Code Miami, 33131-325 FI 8. The above named entity submits this statement to he purpose of changing its registered office or registered agent, or both, in the State of Florida **Bevans** FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. OFFICERS AND DIRECTORS 11. Change Addition TITLE TITLE ☐ Delete JONES, J M NAME 1221 Brickell Avenue, Suite 1780 9300 N.W. 36TH STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP Miami, FL 33131-3259 CITY-ST-7IP **MIAMI FL 33178** DCEO ☐ Change Delete TITLE TITLE NAME John J. Sicilian NAME STREET ADDRESS Suite 1780 STREET ADDRESS 1221 Brickell Avenue. CITY-ST-ZIP CITY-ST-ZIP Miami FL 33131-3259 ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE TITLE 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 trusted 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 with an address, yith all other like empowered.

Michael Jones

ME OF SIGNING OFFICER OR DIRECTOR