

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006894

1. Entity Name

OXFORD EQUIPMENT (DELAWARE), INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90087 016 ***150.00

Principal Place of Business

Mailing Address

1845 PALM COVE BOULEVARD #302
DELRAY BEACH FL 33445

1845 PALM COVE BOULEVARD #302
DELRAY BEACH FL 33445-6783

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2932941

Applied For

Not Applicable

Zip

Country

Zip

Country

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	REFAI, CHADI E	
STREET ADDRESS	P.O. BOX 61017	
CITY-ST-ZIP	DUBAI, UNITED ARAB EMIRATES	
TITLE	P	<input type="checkbox"/> Delete
NAME	KADRI, TOUFIC E	
STREET ADDRESS	PO BOX 61017	
CITY-ST-ZIP	DUBAI, UNITED ARAB EMIRATES	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRIAR, NABEEL	
STREET ADDRESS	PO BOX 61017	
CITY-ST-ZIP	DUBAI, UNITED ARAB EMIRATES	
TITLE	C	<input type="checkbox"/> Delete
NAME	ANGELINI, MICHAEL P	
STREET ADDRESS	311 MAIN STREET	
CITY-ST-ZIP	WORCHESTER MA 01608-1552	
TITLE	V	<input type="checkbox"/> Delete
NAME	RUMMELL, EVELYN	
STREET ADDRESS	1845 PALM COVE BLVD #302	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 279 0447

CR2E034 (9/99)