2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State
03-13-2001 90305 047 ****61.25

DOCUMENT # N97000001081

1. Entity Name

IGLESIA CRISTIANA OASIS, INC.

Principal Place of Business	Mailing Address
9301 COLLINS AVE MIAMI FL 33154 US	P O BOXC 453224 MIAMI FL 33245 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13397 SW 131 street	P. O. Box 453224
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Floeidad	City & State: Miami Florida
Zip: 33186 Country:	Zip: 33245 Country:

4. FEI Number 65-0735353 ☐ 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
SCHNEIDER, ALAN B 20803 BISCAYNE BLVD SUITE 200 AVENTURA FL 32301	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT PINEIRA, ANDRES 9301 COLLINS AVENUE MIAMI BEACH FL 33154	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD PINEIRA, MARIA T 9301 COLLINS AVENUE MIAMI BEACH FL 33154	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ARENCIBIA, YOLANDA 2225 SW 61 AVE MIAMI FL 33155	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOREDO, GABY 1674 BAY ROD MIAMI BEACH FL 33139	☒ Delete	D Jose Castillo 1470 West 72 street Hialeah, FL 33014	☒ Change ☒ Addition p/a
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEEIWALES, RAMON 14600 SW 176 STREET MIAMI FL 33196	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D OMAR Castillo 11509 SW 176 Terr Miami Fl 33157	☐ Change ☒ Addition

CR2E037 (10/00)

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 REQUIRED 01/15/2001 (305) 345-8529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #