

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001081

1. Entity Name

IGLESIA CRISTIANA OASIS, INC.

Principal Place of Business

13397 SW 131ST STREET
MIAMI FL 33186
US

Mailing Address

P OB OX 453224
MIAMI FL 33245
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 453224

Suite, Apt. #, etc.

City & State

Miami - Florida

Zip

33245

Country

4. FEI Number

65-0735353

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHNEIDER, ALAN B
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 32301

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME DPT
STREET ADDRESS PINEIRA, ANDRES
CITY-ST-ZIP 9301 COLLINS AVENUE
MIAMI BEACH FL 33154

TITLE ☐ Delete
NAME VSD
STREET ADDRESS PINEIRA, MARIA T
CITY-ST-ZIP 9301 COLLINS AVENUE
MIAMI BEACH FL 33154

TITLE ☐ Delete
NAME D
STREET ADDRESS ARENCIBIA, YOLANDA
CITY-ST-ZIP 2225 SW 61 AVE
MIAMI FL 33155

TITLE ☐ Delete
NAME D
STREET ADDRESS CASTILLO, JOSE
CITY-ST-ZIP 1470 WEST 72ND STREET
HIALEAH FL 33014

TITLE ☐ Delete
NAME D
STREET ADDRESS CASTILLO, OMAR
CITY-ST-ZIP 11509 SW 175TH TERRACE
MIAMI FL 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Andrés Pineda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/25/2002

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)