

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90023 010 \*\*\*\*61.25

DOCUMENT # *N9900002832*

1. Entity Name

OASIS VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5707 N.W. 158 STREET  
MIAMI LAKES, FL. 33014

5707 N.W. 158 ST.  
MIAMI LAKES, FL. 33014

00086791

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

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

SWEZY, LEWIS V  
5707 N.W. 158 STREET  
MIAMI LAKES, FL. 33014

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  
SWEZY, LEWIS V  
5707 N.W. 158 STREET  
MIAMI LAKES, FL. 33014 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

305-824-0330

Daytime Phone #

CR2E037 (9/99)

7/20/00

CORPORATE DETAIL RECORD SCREEN

attachment

N99000002832

9:23 AM

DW86791

NUM: N99000002832 ST:FL ACTIVE/FL NON-PROF FLD: 05/07/1999

NAME : OASIS VILLAS CONDOMINIUM ASSOCIATION, INC.

PRINCIPAL: 5707 N.W. 158 STREET

ADDRESS MIAMI LAKES, FL 33014

RA NAME : SWEZY, LEWIS V

RA ADDR : 5707 N.W. 158 STREET

MIAMI LAKES, FL 33014

ANN REP : \* NONE FILED \*

1. MENU, 3. OFFICERS

ENTER SELECTION AND CR: