

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-16-2001 90003 020 ***150.00
09-06-2001 90263 042 ***400.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 9000000089568
1. Entity Name

OXALIS INTERNATIONAL, INC
Principal Place of Business Mailing Address
201 ALHAMBRA CIRCLE 201 ALHAMBRE CIRCLE
SUITE 711 SUITE 711
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

2. Principal Place of Business 3. Mailing Address
8911 COLLINS AVE. 8911 COLLINS AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.
NO. 904 NO. 904

City & State City & State 4. FEI Number Applied For
SURFSIDE, FL SURFSIDE, FL 65-1042054 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33154 33154 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
RAPPORT, STEPHEN R.
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
PENSAVALLE, CRISTINA
Street Address (P.O. Box Number is Not Acceptable)
8911 COLLINS AVE.
NO. 904
City City Code Zip Code
SURFSIDE FL 33154

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 Cristian Pensavalle CRISTIAN PENSAVALLE 08/07/01
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. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 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 NAME STREET ADDRESS CITY - ST - ZIP	PD POLONI, JANA 201 ALHAMBRA CIRCLE STE 711 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8911 COLLINS AVE. NO. 904 SURFSIDE, FL 33154
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 807, 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 Jana Poloni JANA POLONI 08/07/01 305-742-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)