

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90196 018 ***150.00

DOCUMENT # P01000033890

1. Entity Name
OXFORD MANAGEMENT GROUP, INC.

Principal Place of Business

10701 SW 104 ST
MIAMI FL 33176
US

Mailing Address

10701 SW 104 ST
MIAMI FL 33176
US

2. Principal Place of Business

4699 SW 72 AVE
 Suite, Apt. #, etc.

3. Mailing Address

4699 SW 72 AVE
 Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1090276

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

O'DONALD, BURTON T
10701 SW 104 ST
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name
O'DONALD, BURTON

Street Address (P.O. Box Number is Not Acceptable)

4699 SW 72 AVE

City

MIAMI

FL

Zip Code

33155

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 *Sanford H. Cohen*
 Signature, typed or printed name of registered agent and title if applicable.

SANFORD H. COHEN (Y.P.)

1/16/02
 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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, SANFORD H	
STREET ADDRESS	9705 SW 133 CT.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'DONALD, BURTON T	
STREET ADDRESS	10021 SW 104 ST	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: *Sanford H. Cohen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02
 Date

(803) 667-8575
 Daytime Phone #

CR2E034 (9/01)