

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90451 039 ***150.00

DOCUMENT # PO100047700
1. Entity Name
OASIS DAY SPA, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 22272 Calibre Court Suite, Apt. #, etc. # 2102 City & State Boca Raton, Florida Zip 33433 Country USA		3. Mailing Address 22272 Calibre Court Suite, Apt. #, etc. # 2102 City & State Boca Raton, Florida Zip 33433 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1100396	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARIE HOWELL	
Street Address (P.O. Box Number is Not Acceptable) 22272 Calibre Court	
City Boca Raton,	Zip Code FL 33433

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	D Howell, Marie 22272 Calibre Court Boca Raton, FL 33433
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-02
Date

Daytime Phone # _____

CR2E034B (12/01)