

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90032 031 \*\*\*158.75

**DOCUMENT # P01000080765**

1. Entity Name

OASIS MANAGEMENT & CONSULTING, INC.

Principal Place of Business

Mailing Address

8352 S.W. 8TH STREET  
MIAMI FL 33144

8352 S.W. 8TH STREET  
MIAMI FL 33144

2. Principal Place of Business

2620 NW 97 Ave

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FFL Number

65-1130113

Applied For

Not Applicable

Zip

33172

Country

MIAMI, Dade

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, FABIAN S

8352 S.W. 8TH STREET  
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

FABIAN DIAZ

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

2620 NW 97 Ave

MIAMI FL

City

MIAMI FL

FL

Zip Code

33172

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PSD  
DIAZ, FABIAN S  
8352 S.W. 8TH STREET  
MIAMI FL 33144

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PSD  
DIAZ, FABIAN S  
2620 NW 97 Ave  
MIAMI FL 33172

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/02 786331 B240

1-CR2E034 (9/01)