

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90035 022 ***150.00

DOCUMENT # P01000113858

1. Entity Name
CYBER OASIS, INC.

Principal Place of Business
4451 NW 36 ST
111
MIAMI SPRINGS FL 33166

Mailing Address
4451 NW 36 ST
111
MIAMI SPRINGS FL 33166



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

0000095

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISTO, TRACY L
4451 NW 36 ST
111
MIAMI SPRINGS FL 33166

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 fee 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

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P **NAME** MEDINA, VINCENT E **STREET ADDRESS** 4471 NW 36 STREET SUITE 110 **CITY-ST-ZIP** MIAMI SPRINGS FL 33166 ☐ Delete

TITLE Secretary **NAME** Medina Vincent **STREET ADDRESS** 4471 NW 36th St. Suite 110 **CITY-ST-ZIP** Miami Springs FL 33166 ☒ Change ☐ Addition

TITLE V **NAME** SISTO, ANTHONY M **STREET ADDRESS** 560 LEE DR **CITY-ST-ZIP** MIAMI SPRINGS FL 33166 ☐ Delete

TITLE President **NAME** Sisto, Anthony **STREET ADDRESS** 4451 NW 36th St. Suite 111 **CITY-ST-ZIP** Miami Springs FL 33166 ☒ Change ☐ Addition

TITLE S **NAME** SISTO, TRACY L **STREET ADDRESS** 560 LEE DR. **CITY-ST-ZIP** MIAMI SPRINGS FL 33166 ☒ Delete

TITLE Vice President **NAME** Sisto, Tracy **STREET ADDRESS** 4451 NW 36th St. Suite 111 **CITY-ST-ZIP** Miami Springs FL 33166 ☒ Change ☐ Addition

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

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

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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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)