

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90967 015 \*\*\*150.00

CR2E034 (10/02)

**DOCUMENT # P01000113858**

1. Entity Name  
**CYBER OASIS, INC.**



Principal Place of Business  
**4451 NW 36 ST**  
**441**  
**MIAMI SPRINGS FL 33166**

Mailing Address  
**4451 NW 36 ST**  
**441**  
**MIAMI SPRINGS FL 33166**

2. Principal Place of Business  
**4471 NW 36 Street**  
Suite, Apt. #, etc.  
**Ste 110**

3. Mailing Address  
**4471 NW 36 Street**  
Suite, Apt. #, etc.  
**Ste 110**

City & State  
**MIAMI SPRINGS FL**  
Zip  
**33166** Country

City & State  
**MIAMI SPRINGS FL**  
Zip  
**33166** Country

4. FEI Number **27-0000095**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **Vincent E. Medina**  
Street Address (P.O. Box Number is Not Acceptable)  
**4471 NW 36 Street**  
**Ste 110**  
City **MIAMI** **FL** Zip Code **33166**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Vincent E. Medina**

**4/23/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MEDINA, VINCENT E</b> <b>4471 NW 36 STREET SUITE 110</b> <b>MIAMI SPRINGS FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SISTO, ANTHONY M</b> <b>4451 NW 36TH ST STE 111</b> <b>MIAMI SPRINGS FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SISTO, TRACY L</b> <b>4451 NW 36TH ST STE 111</b> <b>MIAMI SPRINGS FL 33166</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Medina, Vincent E.</b> <b>4471 NW 36 Street Suite 110</b> <b>MIAMI SPRINGS FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Vincent E. Medina**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-03 3058839133**  
Date Daytime Phone #