

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90300 038 ***150.00

DOCUMENT # P02000096153



1. Entity Name
OASIS SOUTH FLORIDA, INC.

Principal Place of Business
**C/O JONATHAN H. GREEN & ASSOCS., P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI FL 33131-2816**

Mailing Address
**C/O JONATHAN H. GREEN & ASSOCS., P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI FL 33131-2816**



2. Principal Place of Business
4713 So. Ocean Blvd
Suite, Apt. #, etc.

3. Mailing Address
4713 So. Ocean Blvd
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Highland Beach FL

City & State
Highland Beach FL

4. FEI Number
45-0487218

Applied For
 Not Applicable

Zip Country
33487 USA

Zip Country
33487 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN, JONATHAN H
799 BRICKELL PLAZA
SUITE 700
MIAMI FL 33131-2816**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	GREEN, JONATHAN H	799 BRICKELL PLAZA, SUITE 700	MIAMI FL 33131-2816	<input checked="" type="checkbox"/>
	PVST PENNA, LAWRENCE J	799 BRICKELL PLAZA, SUITE 700	MIAMI FL 33131-2816	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PVST PENNA, LAWRENCE J.	4713 So. Ocean Blvd.	Highland Beach, FL 33487	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	PENNA, LAWRENCE J. Joseph	4713 So. Ocean Blvd.	Highland Beach, FL 33487	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joseph Pennacchio* SIGNATURE REQUIRED: *Joseph Pennacchio* Date: **3/27/03** Daytime Phone #: **561-289-1334**

CR2E034 (10/02)