

# 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**  
Zip  
**33487**  
Country  
**USA**

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**Highland Beach FL**  
Zip  
**33487**  
Country  
**USA**

4. FEI Number  
**45-0487218**

Applied For  
 Not Applicable

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

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

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

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

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 \_\_\_\_\_ (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**

**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.	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)