## ~ `2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P02000118560 **DOCUMENT #** 1. Entity Name

OASIS LATINO, INC.

SIGNATURE: 4



	-FIL.	ЕD		
May	01. 20	003 8	8:00	яm
Secr	etary	of	State	
	<b>ئ</b> :2003 9017			

						1883		•	
Principal Place of Business 2100 PLEASANT HILL RD LOT #48 KISSIMMEE FL 34746			21	Mailing Address 2100 PLEASANT HILL RD LOT #48 KISSIMMEE FL 34746					
2. Principal P	Place of Busin	iess	3. N	Mailing Address		_			
Suite, Apt.	#, etc.		S	uite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & State	e	•	. · · · C	City & State			٠,	4. FEI Number Applied For Not Applied For Not Applied For	
Zip		Country	Z	Zip Country		у		5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name	and Address of	f Current Regist	ered Agent				7. Name and Address of New Registered Agent	
ANDERSON-WATSON, MARJORIE 2100 PLEASANT HILL RD #48 KISSIMMEE FL 34746					Name ALFREDO C: SEBE  Street Address (P.O. Box Number is Not Acceptable) 2100 PLEASANT HILL RD # 48  KISSIMMEE FL: 34746  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  SIGNATURE  Signature, typed pyrinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
After Make Check	May 1, 200		\$550.00 rtment of State	L				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.		OFFIC	ERS AND DIREC		11.	·		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	2100 PLE	N-WATSON, I ASANT HILL F E FL 34746	MARJORIE ID LOT #48	De Delete	TITLE NAME STREET CITY-S	T ADDRESS		ESIDENT Dechange Addition BE ALFREDO C., OO PLEASANT HILL RD. LOT 48 ISS IMMEE FL. 34746	
TITLE "NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	r address St-zip		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	i address St-Zip		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-21P	<b>-</b> . •	☐ Change ☐ Addition	
12. I hereby of indicated	on this repor	t or supplement	al report is true ar	nd accurate and that r	r the exem	ption state re shall ha	ave the s	ection 119.07(3)(I), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7. Florida Statutes; and that my name appears in Block 10 or Block 11 if	