


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90304 040 ***150.00

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000118645	
1. Entity Name Oasis For The Nations, Inc.	

90102661

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1835 E. Hallandale Beach	3. Mailing Address 1835 E. Hallandale Beach
Suite, Apt. #, etc. Suite #480	Suite, Apt. #, etc. Suite #480
City & State Hallandale, FL	City & State Hallandale, FL
Zip 33009-4619	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 02-0652005	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Alexandra Anderson Street Address (P.O. Box Number is Not Acceptable) 1835 E. Hallandale Beach Suite #480 City Hallandale, FL Zip Code 33009-4619	

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 _____

FEE IS \$61.25
Initial or Amended UBR

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Alexandra Anderson 1835 E Hallandale Beach #480 Hallandale, FL 33009-4619
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-03 (786)390 2135

Date

Daytime Phone #

CR2E037B (12/02)