

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078285

1. Entity Name  
OXIGENO DE CARIBE, INC.

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90026 014 \*\*\*150.00

Principal Place of Business . Mailing Address  
210 N WESTMONTE DRIVE P.O. BOX 160441  
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 910 SR 434 North  
Suite, Apt. #, etc. 15  
3. Mailing Address Same  
Suite, Apt. #, etc.

City & State ALTAMONTE SPRINGS FL  
Zip 32714 Country USA  
City & State  
Zip Country

4. FEI Number 59-3277827  
Applied For  
Not Applicable

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

HOLLAND, EDWIN  
210 N WESTMONTE DRIVE  
ALTAMONTE SPRINGS FL 32714

Name HOLLAND EDWIN  
Street Address (P.O. Box Number is Not Acceptable) 910 SR 434 North  
City ALTAMONTE SPRINGS FL Zip Code 32714

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HOLLAND, EDWIN L  
STREET ADDRESS 236 MOG HILL CIR  
CITY-ST-ZIP LONGWOOD FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)