

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000018636

1. Entity Name

OASIS TEXTILES INC

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90321 015 ***150.00

Principal Place of Business Mailing Address
1500 W. CYPRESS CREEK RD
#408, FT LAUDERDALE, FL 33309

2. Principal Place of Business 3. Mailing Address
AS ABOVE 8934 N.W 117 TR
Suite, Apt. #, etc. Suite, Apt. #, etc.
HIALEAH GARDEN

City & State City & State
FLORIDA
Zip Country Zip Country
33018 DADE

4. FEI Number Applied For
65-0561693 Not Applicable

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

6. Name and Address of Current Registered Agent
M. SALEEM
8934 NW 117 TR
H.G. FL 33018

7. Name and Address of New Registered Agent
Name
MOHAMMAD SALEEM
Street Address (P.O. Box Number is Not Acceptable)
8934 NW 117 TR
City HIALEAH GARDEN FL Zip Code 33018

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

4-23-01

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

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
PRESIDENT ABDUL AZIZ	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
PRESIDENT ABDUL AZIZ 8934 N.W. 117 TR HIALEAH GARDEN, FL 33018	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

Display Fee: \$

FROM DADE SKY TRADING 3E54777389

4-27-2001 9:09AM

CR2E034 (1/100)