

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000030293

1. Entity Name

OASIS FOOD & FUEL, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90141 010 ***150.00

Principal Place of Business

1401 PINEHURST ROAD
DUNEDIN FL 34698

Mailing Address

1401 PINEHURST ROAD
DUNEDIN FL 34698-3814

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3306155

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALFQARA, BARAKAT
1401 PINEHURST ROAD
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name MAH'D A. MSAWEL

Street Address (P.O. Box Number is Not Acceptable)
1401 Pinehurst Rd

City Dunedin

FL

Zip Code 34698

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 MAH'D A. MSAWEL (owner) *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-28-2k

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	MSAWEL, MAHID A	
STREET ADDRESS	411 BRIDLEPATH WAY	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	ALFQARA, BARAKAT	
STREET ADDRESS	PO BOX 3944 N/A	
CITY-ST-ZIP	HOLIDAY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MAH'D A. MSAWEL *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-2k (727) 403-2716

Date

Daytime Phone #

CR2E034 (9/99)