2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000042655

1. Entity Name

OXFORD ACQUISITION CORPORATION



FILED Mar 03, 2003 8:00 am § Secretary of State

03-03-2003 90434 018 ***150.00

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Principal Place of Business 54 NW 11 STREET MIAMI FL 33136			ling Address NW 11 STREET MI FL 33136								
						1	A SARAJARA DAR ARADI OZNAK ORADI DARAJ	CON BEAN &	1210 15050 010	DI BAIDI BAIR IBUR	
2. Principal Place of Business			3. Mailing Address								
Suite, Ap	t. #, etc.	Su	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ate	Cit	City & State			4	. FEI Number 65-0594837			Applied For	
Zip	Country	Zip)	Count	ry	5.	- Certificate of Status Desired	□·	\$8.75 Ac Fee Requir	dditional	
	6. Name and Address of Cur	rent Register	red Agent			.7- سام	Name and Address of New Re	aistered A	nent.		
					Name				3		
	N, RICHARD			-	Street Addres	re /PO	(P.O. Box Number is Not Acceptable)				
54 NW 11 MIAMI FL	1 STREET 33136			}			Box Number is Not Acceptable)				
-				-	City			FL	Zip Co	de	
8. The above	e named entity submits this stateme	nt for the purp	pose of changing its	registered	d office or regis	stered a	gent, or both, in the State of Florid	da Lamita	amiliar with	and accept	
the obliga	tions of registered agent.			-	Ĭ			Ja Carrie	a - 111 (2) 441(-1	, and accept	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if ap	plicable. (NOTE	E: Registered	Agent signature requ	uired when	reinstating)	DATE			
	ILE NOW!!! FEE IS \$150.00						<u> </u>		 .		
Afte	r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	00 at of State					 Election Campaign Finar Trust Fund Contribution. 	ncing		00 May Be	
10.		ND DIRECTO)RS	11.			DDITIONS (OLIVINOS TO TOTAL				
TITLE	P	TO DINCOTO	☐ Delete	TITLE		A	DDITIONS/CHANGES TO OFFIC				
NAME	FRIEDMAN, RICHARD		E Boiete	NAME					☐ Change	☐ Addition	
STREET ADDRESS	54 NW 11 STREET			STREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33136			CITY-S	T-ZIP						
TITLE			☐ Delete	TITLE	*				Change	☐ Addition	
NAME				NAME			i	'	onlinge	Addition	
STREET ADDRESS					ADDRESS						
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NAME			Delete	NAME				L	Change	☐ Addition	
STREET ADDRESS					ADDRESS						
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NAME				NAME					onlings	Addition	
STREET ADDRESS				STREET A	ADDRESS						
CITY-ST-ZIP			•	CiTY-ST	- ZIP]	
TITLE	•		☐ Delete	TITLE					Change	Addition	
VAME STREET ADDRESS		-		NAME				_	<i>a</i> -	_	
CITY-ST-ZIP	·			STREET A							
	ertify that the information supplied w	della Alaba (CO)		CITY-ST-	ZIP						
- DETECTOR C	zrury macine information sunnited w	arn this filling a	done not qualify for t	tha auama	**		445 65(6)(0) =:				

indicated on this report or 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 10 or Block 11 if



Date