

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90144 023 ***550.00

DOCUMENT # P96000075316

1. Entity Name
OASIS OUTSOURCING II, INC.



Principal Place of Business
4400 N. CONGRESS AVENUE
SUITE 250
WEST PALM BEACH FL 33407

Mailing Address
4400 N. CONGRESS AVENUE
SUITE 250
WEST PALM BEACH FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0693249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

THE WACKENHUT CORP., ATTN: LEGAL DEPT
4200 WACKENHUT DRIVE
SUITE 100
PALM BEACH GARDENS FL 33410-4243

7. Name and Address of New Registered Agent

Name **Terry Mayotte**
Street Address (P.O. Box Number is Not Acceptable)
4400 N. Congress Ave 250
City **West Palm Beach** **FL** **33407**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Terry Mayotte / CEO **7-7-03**

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACKENHUT, GEORGE R 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WACKENHUT, RICHARD R 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD KNEIP, ROBERT C 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAYOTTE, TERRY P 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUSBAUM, SANDRA L 4200 WACKENHUT DRIVE, #100 PALM BEACH GARDENS FL 33410-4243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GREEN, IAN A 4200 WACKENHUT DR., #100 PALM BEACH GARDENS FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Handemann 1001 Brickell Bay Dr. 27th Flr. Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sami M. Maimneh 1001 Brickell Bay Dr. Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4400 N. Congress Ave 250 West Palm Beach, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4400 N. Congress Ave 250 WPB, FL 33407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stephen Melbin 4400 N. Congress Ave. 250 West Palm Beach, FL 33407	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D Rick Rosen 1001 Brickell Bay Dr. Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **Terry Mayotte**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561
227-6500

CP2E034 (4/03)