

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003965

1. Entity Name

OASIS OUTSOURCING IV, INC.



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

07-28-2003 90145 050 \*\*\*550.00

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

*same as above*  
Suite, Apt. #, etc.

3. Mailing Address

*same as above*  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 65-0727080

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

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 Zip Code *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.

*Terry Mayotte - CFO*

(NOTE: Registered Agent signature required when reinstating)

DATE

*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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WACKENHUT, GEORGE R 270 BERMUDA BAY LANE VERO BEACH FL 32963 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WACKENHUT, RICHARD R 63 UNO LAGO DR JUNO BEACH FL 33408 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO KNEIP, ROBERT C 7661 BOLD LAD RD PALM BEACH GARDENS FL 33418 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAYOTTE, TERRY P 6600 SW 75 TERR MIAMI FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NUSBAUM, SANDRA L 804 SABLE PALM LN PALM BEACH GARDENS FL 33418 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GREEN, IAN 12764 NW 15 ST SUNRISE FL 33323 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Charles Hanemann 1001 Brickell Bay Dr. 27th Floor Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Sami Mneymneh 1001 Brickell Bay Dr. 27th Floor Miami, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4400 N. Congress Ave 250 West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4400 N. Congress Ave 250 Miami, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVPAS Rik Rosen 1001 Brickell Bay Dr. 27th Floor Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stephen Melvin 4400 N. Congress Ave 250 West Palm Beach, FL 33407

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:

*Terry Mayotte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*7-7-03*

Daytime Phone #

*(561) 273-2466*

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AV

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