FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -2 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300006969113---4
-08/08/02--01021--018
***1050.00 ***1050.00

DOCUMENT # P98000062703

1. Entity Name

OASIS POOL PLASTER, INC.

REINSTATEMENT 00-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3010 NW 36 Street	SAME
Suite, Apt. #, etc: B208	Suite, Apt. #, etc
City & State: Miami, FL	City & State
Zip: 33142 Country: USA	Zip Country

4. FEI Number 65-0851109 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Erasmo R Martinez

Street Address (P.O. Box Number is Not Acceptable): 3010 NW 36 Street

B208

City: Miami, FL Zip Code: 33142

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] 07/26/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	Erasmo R Martinez
STREET ADDRESS	3010 NW 36 ST, B208
CITY-ST-ZIP	Miami, FL 33142
TITLE	TD
NAME	Marjorie L Martinez
STREET ADDRESS	3010 NW 36 ST, B208
CITY-ST-ZIP	Miami, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Erasmo R Martinez President 07/26/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

8/5/02