

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000072031

1. Entity Name

OXFORD TRUST, INC.

FILED**Feb 16, 2000 8:00 am**
Secretary of State

02-16-2000 90055 007 ***150.00

Principal Place of Business

Mailing Address

312 S.E. 17TH ST., 2ND FLOOR
FT. LAUDERDALE FL 33316312 S.E. 17TH ST., 2ND FLOOR
FT. LAUDERDALE FL 33316-2524

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

65-0859461

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****PAOLUCCI, KATHLEEN**
312 S.E. 17TH ST., 2ND FLOOR
FT. LAUDERDALE FL 33316

Name

DAMASO W. SAAVEDRA

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

312 SE 17TH STREET, 2ND FLOOR**FT. LAUDERDALE, FL 33316**

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DAMASO W. SAAVEDRA**2/8/2000**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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Delete
NAME **PAOLUCCI, KATHLEEN**
STREET ADDRESS **6810 NW 66 WAY**
CITY-ST-ZIP **PARKLAND FL 33067**TITLE ☒ Change ☐ Addition
NAME **PRESIDENT/DIRECTOR**
STREET ADDRESS **PAOLUCCI, KATHLEEN**
CITY-ST-ZIP **6810 NE 66 WAY**
PARKLAND, FLORIDA 33067TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **SAAVEDRA, DAMASO W.**
CITY-ST-ZIP **312 S.E. 17TH STREET, 2ND FLOOR**
FT. LAUDERDALE, FL 33316TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ 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:

Kathleen Paolucci
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/2000

Date

Daytime Phone #

CR2E034 (9/99)