

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077178

03-20-2000 90036 010 ***150.00

1. Entity Name

B & F PERENNIAL OASIS, INCORPORATED

FILED

00 JUL 31 PM 2:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11597 N.W. 3RD PLACE CORAL SPRINGS FL 33071		Mailing Address 11597 N.W. 3RD PLACE CORAL SPRINGS FL 33071-4120	
2. Principal Place of Business 1816 N. UNIVERSITY DRIVE Suite, Apt. #, etc.		3. Mailing Address 1816 N. UNIVERSITY DRIVE Suite, Apt. #, etc.	
City & State PLANTATION, FL.		City & State PLANTATION, FL.	
Zip 33332	Country	Zip 33332	Country

4. FEI Number 65-0946488	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAMMAD, KHALID 11597 N.W. 3RD PLACE CORAL SPRINGS FL 33071		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 831 NW 81st WAY City PLANTATION FL Zip Code 33324	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PRESIDENT	NAME KHALID HAMMAD	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 831 NW 81st WAY				STREET ADDRESS			
CITY-ST-ZIP PLANTATION, FL. 33324				CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Khalid Hammad* Date: 3-10-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR