

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 FEB -7 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094850

1. Entity Name

MEDITERRANEAN OASIS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12949-A PORT SAID ROAD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0962176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

REINALDO E. GONZALEZ

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

12949-A PORT SAID ROAD

City

OPA LOCKA

FL

Zip Code

33054

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

Rinaldo Gonzalez

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

(NOTE: Registered Agent signature required when reinstating)

02-06-2003

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
REINALDO E. GONZALEZ
12949-A PORT SAID ROAD
OPA LOCKA, FL 33054

TITLE
NAME
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CITY-ST-ZIP

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700012392797
02/12/03--01073--018 **500.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

Rinaldo Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-2003

Date

Daytime Phone #


CR2E037B (12/01)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$600.00 for the annual report fee with my application.

I also state that on December 08 1999 we change our address but the U.B.R. for the year 2000 was never received or any other notice from the Division of Corporations in respect with my Corporation **MEDITERRANEAN OASIS, INC**

Thank you for your courtesy in this matter.


REINALDO E GONZALEZ
PRESIDENT