

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V70869

1. Entity Name

AN-OASIS TRAVEL, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90005 044 ***150.00

Principal Place of Business

3660 N. STATE RD 7
LAUDERDALE LAKES FL 33319
US

Mailing Address

3660 N. STATE RD 7
LAUDERDALE LAKES FL 33319-5608
US

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 65-0361813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TWENEBOAH, KWAME
613 SW 76TH AVE
NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name

HUSSAIN MITHAVAYANI

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

11000 SW 23 ST.

City

DAVIE

FL

Zip Code

33324

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

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 State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME MITHAVAYANI, SUAD H
STREET ADDRESS 11000 SW 23RD ST
CITY-ST-ZIP DAVIE FL 33324 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MITHAVAYANI, HUSSAIN
STREET ADDRESS 11000 SW 23 ST
CITY-ST-ZIP DAVIE, FL 33324 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUSSAIN MITHAVAYANI
PRESIDENT/DIR.

Date

Daytime Phone #

2/17/2000 (954) 731-0002

CR2E034 (9/99)