

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90004 032 ***150.00

0333626 AV

DOCUMENT # V70869
1. Entity Name
AN-OASIS TRAVEL, INC. DBA GULF TRAVEL AND TOURS

Principal Place of Business **Mailing Address**
11000 SW 23RD STREET **11000 SW 23RD STREET**
FORT LAUDERDALE FL 33324 **FORT LAUDERDALE FL 33324**
US **US**

2. Principal Place of Business **3. Mailing Address**

2500 N. UNIVERSITY DR

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE # 15

City & State City & State

SUNRISE FL

Zip Country Zip Country

33322 BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITHAVAYANE, HUSSAIN
11000 SW 23 ST
DAVIE FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 **HUSSAIN MITHAVAYANE** **03/6/02**
 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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITHAVAYANI, HUSSAIN 11000 SW 23RD ST DAVIE FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **HUSSAIN MITHAVAYANE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 **954-731-8383**
 Date Daytime Phone #

CR2E034 (9/01)