

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90017 032 ****70.00

DOCUMENT # 731850
 1. Entity Name
OASIS - A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 13250 S.W. 135TH AVENUE MIAMI FL 33186	Mailing Address 13250 S.W. 135TH AVENUE MIAMI FL 33186-6489
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1654125		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MOTYCZKA, WILLIAM ESQ 13410 SW 128 STREET MIAMI FL 33186		7. Name and Address of New Registered Agent Name: Barry Blaxberg, Esq. Street Address (P.O. Box Number is Not Acceptable): Ingraham Building - 25 SE 2nd Ave. Suite 730 City: Miami FL Zip Code: 33131

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]* **J. BARRY BLAXBERG** 1/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VPD NAME: CHNHA, VIVIAN STREET ADDRESS: 4712 S.W. 67TH AVENUE, #G-9 CITY-ST-ZIP: MIAMI FL 33155	<input type="checkbox"/> Delete	TITLE: D NAME: Cruz, Brenda STREET ADDRESS: 4708 SW 67 Ave, #L-2 CITY-ST-ZIP: Miami, Fl. 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE: TD NAME: HOERNER, JUDITH STREET ADDRESS: 4710 S.W. 67TH AVENUE, #H-1 CITY-ST-ZIP: MIAMI FL 33155	<input type="checkbox"/> Delete	TITLE: D NAME: Bailey, Jeffrey STREET ADDRESS: 4728 SW 67 Ave, #J-10 CITY-ST-ZIP: Miami, Fl. 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE: SD NAME: BIANCHI, PETER JR. STREET ADDRESS: 4716 S.W. 67TH AVENUE, #D-3 CITY-ST-ZIP: MIAMI FL 33155	<input type="checkbox"/> Delete	TITLE: D NAME: Bianchi, Peter Jr. STREET ADDRESS: 4716 SW 67th Ave. #D-3 CITY-ST-ZIP: Miami, Fl. 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D NAME: VERA, ESPERANZA STREET ADDRESS: 4708 SW 67 AVENUE, #L-5 CITY-ST-ZIP: MIAMI FL 33155	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: Moss, Dorothy STREET ADDRESS: 4730 SW 67 Ave, #I-1 CITY-ST-ZIP: Miami, Florida 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
TITLE: PD NAME: ALVAREZ, TANIA R STREET ADDRESS: 4716 SW 67 AVE, #D-6 CITY-ST-ZIP: MIAMI FL 33155	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE: D NAME: GRUSHNYS, THOMAS STREET ADDRESS: 4732 SW 67TH AVE. K-5 CITY-ST-ZIP: MIAMI FL 33155	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JUDITH A. HOERNER** Date: **Jan 26, 2000** Daytime Phone #