

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 330287

1. Entity Name
PETRA COMPANY INC

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90119 029 ***150.00

Principal Place of Business Mailing Address
440 ROYAL PALM WAY, STE. 200 **440 ROYAL PALM WAY, STE. 200**
PALM BEACH FL 33480 **PALM BEACH FL 33480-4142**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
505 S. Flagler Drive **505 S. Flagler Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 300 **Suite 300**
City & State City & State
West Palm Beach, FL **West Palm Beach, FL**

4. FEI Number Applied For
59-1233079 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required
Zip Country Zip Country
33401 **USA** **33401** **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOPIN, L. FRANK
440 ROYAL PAL WAY
SUITE 200
PALM BEACH FL 33480

Name
Street Address (P.O. Box Number is Not Acceptable)
505 S. Flagler Drive, Suite 300
City State Zip Code
West Palm Beach **FL** **33401**

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 reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUMGARTNER, ELEANOR	NAME	
STREET ADDRESS	10 COLINAYRE CRESCENT	STREET ADDRESS	
CITY-ST-ZIP	AGINCOURT, TORONTO	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOPIN, L. FRANK	NAME	
STREET ADDRESS	440 ROYAL PALM WAY, STE 200	STREET ADDRESS	505 S. Flagler Drive, Suite 300
CITY-ST-ZIP	PALM BEACH FL 33480	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPE (OR PRINTED) NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/25/00** Daytime Phone #: **(561) 655-9200**

CR2E034 (9/99)