

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90075 028 \*\*\*150.00

**DOCUMENT # 678293**

1. Entity Name  
**TAMARAC AMOCO, INC.**

Principal Place of Business  
**11601 W OKEECHOBEE RD  
 HIALEAH GARDENS FL 33016**

Mailing Address  
**11601 W OKEECHOBEE RD  
 HIALEAH GARDENS FL 33016**

2. Principal Place of Business  
**9701 NW 89th Ave**

3. Mailing Address  
**9701 NW 89th Ave**

Suite, Apt. #, etc.  
 \_\_\_\_\_

City & State  
**Medley, FL**

City & State  
**Medley, FL**

Zip  
**33178**

Country  
**U.S.**

Zip  
**33178**

Country  
**U.S.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2004229** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**URBIETA, JR., IGNACIO  
 11601 W OKEECHOBEE RD  
 HIALEAH GARDENS FL 33016**

Name **URBIETA, IGNACIO JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9701 NW. 89th Ave**  
 City **Medley** FL Zip Code **33178**

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 *Ignacio Urbietajr*  
 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	<b>0</b> <b>URBIETA, GUILLERMO</b> <b>25 CASTLE HANSOR DRIVE</b> <b>FORT LAUDERDALE FL 33308</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>0</b> <b>URBIETA JR., IGNACIO</b> <b>7425 SW 115 STREET</b> <b>MIAMI FL 33156</b>	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
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
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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CR2E034 (9/01)

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: *Ignacio Urbietajr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_