

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001408

1. Entity Name

PETROZONE OF EAST HIALEAH, LTD.

FILED

00 MAY -4 PM 4: 20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3475 W. FLAGLER STREET MIAMI FL 33135	Mailing Address 3475 W. FLAGLER STREET MIAMI FL 33135-1025
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2. Principal Place of Business 6714 Pines Blvd	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines FL	City & State	4. FEI Number 65-0839778	Applied For Not Applicable
Zip 33024	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VINAS, HECTOR R
3475 W. FLAGLER STREET
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
6714 Pines Blvd

City
Pembroke Pines FL Zip Code
33024

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]* (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$200.00	10. Amount of Capital Contributions in FLORIDA to date. 200.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000097056 PETROZONE INC. 3475 W. FLAGLER STREET MIAMI FL 33135
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	6714 Pines Blvd Pembroke Pines FL 33024
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	500003286845--2 -06/13/00--01042--006 ****141.25 ****141.25
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* Vice President 11700 *[Signature]* 904 910 5000 33024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #