

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002247**

1. Entity Name
PETROZONE OF UNIVERSITY LTD.

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3475 WEST FLAGLER STREET
MIAMI FL 33135**

Mailing Address
**3475 WEST FLAGLER STREET
MIAMI FL 33135-1025**

2. Principal Place of Business
6714 Pines Blvd

3. Mailing Address
Same

Suite, Apt. #, etc.
#

City & State
Pembroke Pines FL

City & State
Same

4. FEI Number
65-0864767

Applied For
 Not Applicable

Zip
33024

Country
USA

Zip
Same

Country
Same

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

6. Name and Address of Current Registered Agent

**SCHLAFKE, MARIA A-D
3475 WEST FLAGLER STREET
MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name
MARIA SCHLAFKE

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 **Maria A. Schlafke** **MARIA A. SCHLAFKE** **1-17-00**

Signature, typed or printed name of registered agent and title if applicable. (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

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 WEST 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	100003286851--4 -06/13/00--01042--008 ****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 REQUIRED** **Maria A. Schlafke** **President of CoP.** **1-17-00** **954 9615222 4304**

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

CR2E001 (9/99)