

FILED
Jun 06, 2002 8:00 am
Secretary of State

04-22-2002 90243 046 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015349

1. Entity Name
FLAMINGO PETROLEUM, LLC

Principal Place of Business 4780 N.W. 128TH STREET ROAD OPA LOCKA FL 33054	Mailing Address 4780 N.W. 128TH STREET ROAD OPA LOCKA FL 33054
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-110-3450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMOLER, BRUCE J
100 S.E. 2ND STREET SUITE 2620
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____



9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT
STREET ADDRESS	PAUL GROLL
CITY-ST-ZIP	170 S. ISLAND DRIVE
	GOLDEN BEACH FL 33160
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRESIDENT
STREET ADDRESS	WEAVER HELDEN MOTH
CITY-ST-ZIP	1690 SWEETBAY WAY
	HOLLYWOOD FL 33019

CR2E083 (9/01)

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **SIGNATURE REQUIRED**