FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 06, 2002 8:00 am Secretary of State DOCUMENT # L01000015349 04-22-2002 90243 046 ****50.00 1. Entity Name FLAMINGO PETROLEUM, LLC Principal Place of Business Mailing Address 4780 N.W. 128TH STREET ROAD 4780 N.W. 128TH STREET ROAD OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-110-3450 Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMOLER, BRUCE J Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET SUITE 2620 **MIAMI FL 33131** City Zip Code FL 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, typed or printed name of registered agent and title if applicab (NOTE: Registered Agent alguature required when reinstating) FILEINOWIIINFEE IS \$50.00 £ Check Cayable (of Depth ment of State .t. Duo By May (1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE PRESIDENT ☐ Change ☐ Addition (9/01 NAME NAME PAUL GROLL STREET ADDRESS 170 S. ISLAND DRIVE STREET ADDRESS CR2E083 CITY-ST-ZIP CITY-ST-ZIP GOLDEN BEACH FL 33160 Delete TITLE VICE PRESIDENT Channe Atdition NAME NAME WERNER HELDENMUTH STREET ADVORESS 1690 SWEETBAY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF HOLLYWOOD _ FL 33019 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-71P TITLE ☐ Delete ПΠЕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of trustee empowered in execute this report as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: