

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

0037454

**DOCUMENT # N93000000437**

1. Entity Name

**ASOCIACION NACIONAL DE MINEROS Y PETROLEROS DE C**

05-03-2001 90467 001 \*\*\*\*61.25

05-03-2001 90467 002 \*\*\*\*\*8.75

Principal Place of Business

Mailing Address

2655 LE JEVNE RD STE 500  
 CORAL GABLES FL 33134  
 US

P.O. BOX 143557  
 CORAL GABLES FL 33114-3557

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0405993

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DIAZ-MASVIDAL, ALBERTO**  
 2655 LE JEVNE RD STE 500  
 CORAL GABLES FL 33134

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CEO	<input type="checkbox"/> Delete
NAME	DIAZ-MASVIDAL, ALBERTO	
STREET ADDRESS	11105 S.W. 133RD COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATRINEZ-DE.CASTRO, RAYMUNDO	
STREET ADDRESS	1780 SW 29TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVPO	<input type="checkbox"/> Delete
NAME	REYNALDO, ECTORE T	
STREET ADDRESS	8270 S.W. 31ST ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTELLANOS, EDDY	
STREET ADDRESS	730 CORAL WEST	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VS	<input type="checkbox"/> Delete
NAME	GUITTERIEZ, NICHOLAS	
STREET ADDRESS	1101 BRICKELL AVE, STE 1400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAZ-MASVIDAL ALBERTO	
STREET ADDRESS	11105 S.W. 1330 COURT, 33134	
CITY-ST-ZIP	MIAMI, FL	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)