

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000074477

1. Entity Name  
**CONSOLIDATED CUBAN OIL AND GAS RIGHTS CORPORATIO**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90315 044 \*\*\*158.75

Principal Place of Business 2655 LE JUENE ROAD SUITE 500 CORAL GABLES FL 33134	Mailing Address P.O. BOX 143557 CORAL GABLES FL 33114-3557 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number **65-0622197**  Applied For  Not Applicable

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**

**MASVIDAL, ALBERTO D**  
**2655 LE JEUNE ROAD**  
**SUITE 500**  
**CORAL GABLES FL 33134**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: <b>PSCD</b> <input type="checkbox"/> Delete NAME: <b>DIAZ-MASVIDAL, ALBERTO</b> STREET ADDRESS: <b>1110T S.W. 133RD COURT</b> CITY-ST-ZIP: <b>MIAMI FL 33146</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>DVP</b> <input type="checkbox"/> Delete NAME: <b>MASVIDAL, GERTRUDIS</b> STREET ADDRESS: <b>11105 SW 133 CT</b> CITY-ST-ZIP: <b>MIAMI FL 33186</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> <input type="checkbox"/> Delete NAME: <b>CRICHTON, JACK</b> STREET ADDRESS: <b>10830 N CENTRAL EXPRESS, STE 175</b> CITY-ST-ZIP: <b>DALLAS TX 35231</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VS</b> <input type="checkbox"/> Delete NAME: <b>GUITIERREZ, NICOLE</b> STREET ADDRESS: <b>1101 BRICKELL AVENUE, SUITE 1460</b> CITY-ST-ZIP: <b>MIAMI FL 33131</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO DIAZ MASVIDAL 4/25/2000 (305) 388-5411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)