

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025762

1. Entity Name

PETROMANIA FUEL CO.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90112 016 ***150.00

Principal Place of Business

Mailing Address

505 S. E. 1ST AVENUE
 CITY FL 33034

505 S. E. 1ST AVENUE
 FLORIDA CITY FL 33034-5011

LUU83333



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0828123

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

VANDEWATER, GLENN T ESQ.
 DELGADO BEFELER STARKMAN & MAGOLNICK PA
 100 SOUTHEAST 2ND ST SUITE 3700
 MIAMI FL 33131

Name

MAXIMO E. BRESE

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

505 S.E. 1ST AVE

City

FLORIDA CITY

FL

Zip Code

33034

8. The above named entity adopts 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

04-25-2000

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

TITLE ☐ Delete
 NAME D
 STREET ADDRESS NANNINI, MAURO B
 CITY-ST-ZIP 1501 VENERA AVENUE, #340
 CORAL GABLES FL 33146

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/2000

Date

Daytime Phone #

CR2E034 (9/99)