

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90111 030 ***150.00

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DOCUMENT # P98000030872

1. Entity Name
SUROIL, INC.

Principal Place of Business 1825 PONCE DE LEON 193 CORAL GABLES FL 33134	Mailing Address PO BOX 14-4694 CORAL GABLES FL 33114
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0825188	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent									
7. Name and Address of New Registered Agent									
<table border="1"> <tr> <td colspan="2">CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131</td> </tr> <tr> <td>Name</td> <td></td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>		CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131		Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
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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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINEL DE SMITH, ROSA LILY R APARTADO 4 TEGUCIGALPA D.C., HONDURAS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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: ROBERT J. MEYER **02/01/28** RS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DIRECTOR** Date Daytime Phone #

CR2E034 (9/01)