

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001408

1. Entity Name

PETROZONE OF EAST HIALEAH, LTD.

FILED

00 MAY -4 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3475 W. FLAGLER STREET MIAMI FL 33135	Mailing Address 3475 W. FLAGLER STREET MIAMI FL 33135-1025
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2. Principal Place of Business 6714 Pines Blvd	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines FL	City & State
Zip 33024	Country USA

4. FEI Number 65-0839778	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VINAS, HECTOR R 3475 W. FLAGLER STREET MIAMI FL 33135
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6714 Pines Blvd City Pembroke Pines FL Zip Code 33024
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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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. Capital Contributions as Shown on record. \$200.00	10. Amount of Capital Contributions in FLORIDA to date. 200.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P97000097056 PETROZONE INC. 3475 W. FLAGLER STREET MIAMI FL 33135
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	6714 Pines Blvd Pembroke Pines FL 33024
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date 9/15/00	Daytime Phone # 904-500-1204
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