

# 2001 UNIFORM BUSINESS REPORT (UBR)

0003082 AF

DOCUMENT # **A98000002247**

1. Entity Name

**PETROZONE OF UNIVERSITY LTD.**

**FILED**

**01 APR 23 AM 10:37**

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**6714 PINES BLVD.  
PEMBROKE PINES FL 33024**

Mailing Address

**6714 PINES BLVD.  
PEMBROKE PINES FL 33024**

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

**65-0864767**

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

**SCHLAFKE, MARIA A**

**6714 PINES BLVD.**

**PEMBROKE PINES FL 33024**

Name

**CLEMENTE E. CRUZ**

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

**6714 PINES BOULEVARD**

City

**PEMBROKE PINES**

FL

Zip Code

**33024**

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

**SECRETARY**

**4/12/01**

Signature and typed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$200.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000097056**  
NAME **PETROZONE, INC.**  
STREET ADDRESS **6714 PINES BLVD.**  
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

STREET ADDRESS

CITY-ST-ZIP

**7000004163877**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**-05/09/01--01005--024**

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CITY-ST-ZIP

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 REQUIRED**  
**CLEMENTE E. CRUZ**

**4/12/01**

Date

**(954) 961-5222**

Daytime Phone #

CR2E003 (11/00)