

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90020 020 \*\*\*158.75

**DOCUMENT # K49324**

1. Entity Name

**RADIANT OIL AND GAS COMPANY OF FLORIDA, INC.**

Principal Place of Business

% LUIS COSTA  
 2990 N.W. 24 STREET  
 MIAMI FL 33142

Mailing Address

% LUIS COSTA  
 2990 N.W. 24 STREET  
 MIAMI FL 33142

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

**59-2127647**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COSTA, LUIS**  
**2990 N.W. 24 STREET**  
**MIAMI FL 33142**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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)



**FILE NOW!!! FEE IS \$550.00**

**After September 13, 2002 Fee will be \$750.00**

**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

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | COSTA, LUIS            |                                 |
| STREET ADDRESS | 12970 S.W. 2 STREET    |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | DOMINGUEZ, DOMINGO     |                                 |
| STREET ADDRESS | 410 S.W. 135 AVENUE    |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | FLORES, ORESTES        |                                 |
| STREET ADDRESS | 12200 S.W. 4 TERR      |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          | D                      | <input type="checkbox"/> Delete |
| NAME           | FLORES, JUAN FRANCISCO |                                 |
| STREET ADDRESS | 1331 S.W. 2ND STREET   |                                 |
| CITY-ST-ZIP    | MIAMI FL               |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| 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:

*Orestes Flores*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-02

Date

Daytime Phone #

CR2E034 (4/02)

*Attachment*  
#K 49324  
119779

RADIANT OIL AND GAS COMPANY OF FLORIDA, INC.  
2990 NW 24<sup>TH</sup> STREET  
MIAMI, FL. 33142

JULY 5, 2002

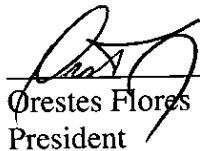
Re: # K49324

Radiant Oil and Gas Company of Florida

Dear Sir or Madam,

Enclosed you will find a check for \$158.75 to pay for the 2002 UBR Annual Report as per your instructions in our telephone conversation on July 5, 2002. In said conversation, we explained that we had not received the previous mailing for the 2002 UBR, and were instructed by you to simply send payment with the latest forms.

Sincerely,

  
Orestes Flores  
President