UNITED PETROLEUM GROUP, INC.

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F0100006133



Principal Place of Business 7000 NW 52ND ST 2ND FLOOR MIAM, FL 33166

Mailing Address 7000 NW 52ND ST 2ND FLOOR MIAN, FL 33166

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

FILED

03 MAR 17 PM 3:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

4.	FEI Number		Applied For		
	62-1798715		Not Applicable		
5,	5. Certificate of Status Desired		\$8.75 Additional		

6. Name and Address of Current Registered Agent

Zip

Name

Country

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

5. Certificate of Status Desired

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7. Name and Address of New Registered Agent =

Zip Code

Fee Required

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

 $Z_{ip}$ 

DIAZ, JUAN 7000 NW 52ND ST

MIAMI, FL 33166

FILE NOW!!! FEE IS \$150:00 After May 1, 2003 Fee will be \$550:00 Make Check Payable to Florida Department of State

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

Country

(NOTE: Registered Agents ignature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

WARE CONTRACTOR OF THE	CONTROL OF THE PROPERTY OF THE		•	-			
10.	OFFICERS AND DIRECTO	RS	11.	ADD	ITIONS/CHANGES TO OFFICERS	AND DIRECTOR	CINIA
TITLE NAME STREET ADDRESS CITY-S1-ZIP	GCAS DIAZ, JUAN 7000 NW 52ND ST SECOND FLOOR MIAMI, FL 33166	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Secretory	E Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT WRIGHT, DOUGLAS 7000 NW 52ND ST MIAM, FL 33166	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		80001410 03/17/0301013	Change   473 3   002 **61	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	NAME STREET ADDRESS COV-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

HAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: '

TITLE

NAME

STREET ADDRESS

CITY-ST-2IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jupa Dine

☐ Delete

Hancl 10, 2003

305.592-5101

□ Change

Davime Phone 4

Addition