## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 10, 2000 8:00 am Secretary of State **DOCUMENT # 164271** 05-10-2000 90022 001 \*\*\*450.00 MACMILLAN OIL COMPANY OF FLORIDA INC Mailing Address Principal Place of Business 2955 E 11TH AVE 2955 E 11TH AVE 13046 HIALEAH FLA 33013-3509 HIALEAH FL 33013 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0648243 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Jason Cordoves Street Address (P.O. Box Number is Not Acceptable) BETTEX, PIERRETTE 2955 EAST 11 AVENUE 2955-E.11th Avenue HIALEAH FL 33013 Zip Code HIaleah 33013 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. 4/25/00 Jason\_Cordoves SIGNATURE E: Registered Agent sig FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PDT ☐ Delete TITLE TITLE NAME NAME ALONSO, AMANCIO STREET ADDRESS STREET ADDRESS 2955 E 11TH AENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 00000 ☐ Addition ☐ Change TITLE SD Delete TITLE CANINO, DAISY NAME NAME STREET ADDRESS STREET ADDRESS 2955 E 11TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 00000 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST\*ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP

3. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

305 691-7814

Date

Daytime Phone #