

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 570758

1. Entity Name

FLORIDA REFINING COMPANY, INC.

Principal Place of Business

10911 N.W. 29 MANOR  
SUNRISE FL 33322  
US

Mailing Address

10911 N.W. 29 MANOR  
SUNRISE FL 33322  
US

2. Principal Place of Business

4131 N.W. 115 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

4131 N.W. 115 TERRACE

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

City & State

SUNRISE, FL.

4. FEI Number

59-2500915

Applied For

Not Applicable

Zip

33323

Country

U.S.

Zip

33323

Country

U.S.

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

HAROLD JOSEPH

10911 N.W. 29 MANOR  
SUNRISE FL 33322

Name

HAROLD JOSEPH

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

4131 N.W. 115 TERRACE

City

SUNRISE

FL

Zip Code

33323

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

*Harold Joseph* HAROLD JOSEPH

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 ☐ Delete  
NAME P  
STREET ADDRESS HAROLD, JOSEPH  
CITY-ST-ZIP 10911 N.W. 29 MANOR  
SUNRISE FL 33322

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME STD  
STREET ADDRESS JOSEPH, HEDY  
CITY-ST-ZIP 10911 NW 29TH MANOR  
SUNRISE FL 33322

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Harold Joseph* HAROLD JOSEPH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/01 (954) 748-6194



DO NOT WRITE IN THIS SPACE

142430

CR2E034 (10/00)