

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90075 028 ***150.00

DOCUMENT # 678293

1. Entity Name
TAMARAC AMOCO, INC.

Principal Place of Business
**11601 W OKEECHOBEE RD
 HIALEAH GARDENS FL 33016**

Mailing Address
**11601 W OKEECHOBEE RD
 HIALEAH GARDENS FL 33016**

2. Principal Place of Business

9701 NW 89TH AVE

3. Mailing Address

9701 NW 89TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Medley, FL

Medley, FL

Zip

Country

Zip

Country

33178

U.S.

33178

U.S.

6. Name and Address of Current Registered Agent

**URBIETA, JR., IGNACIO
 11601 W OKEECHOBEE RD
 HIALEAH GARDENS FL 33016**

7. Name and Address of New Registered Agent

Name **URBIETA, IGNACIO JR**

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

9701 NW. 89TH AVE

City

Medley

FL

Zip Code

33178

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

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 \$150.00
 After May 1, 2002 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 **0** ☐ Delete
 NAME **URBIETA, GUILLERMO**
 STREET ADDRESS **25 CASTLE HANSOR DRIVE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE **0** ☐ Delete
 NAME **URBIETA JR., IGNACIO**
 STREET ADDRESS **7425 SW 115 STREET**
 CITY-ST-ZIP **MIAMI FL 33156**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)