2002 UNIFORM BUSINESS REPORT (UBR)						Feb 10, 2002 8:00 am			
1. Entity Name	MENT # 68889 oil corp.	1				Secretai 02-10-2002 90	$\mathbf{r}\mathbf{y}$ of $\mathbf{S}$	tate	. !
Principal Place 2401 NW 30 / MIAMI FL 331 US	AVE	Mailing Address 2401 NW 30 AVE MIAMI FL 33142 US							
2/Rringing R	ace of Business	3. Mailing Adgress	726	301					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	1000	7 11		DO NOT WRITE II	N THIS SPACE		
Mil & Slat	ley F1.	19ty & State	P		4. FE	Number <b>59-2033270</b>		Applied For Not Applicable	
331	18 05A	33152	Court	<u> </u>		ertificate of Status Desired	See Requ		
	6. Name and Address of Current I	Registered Agent		Name	≃:	alle and Address of New Negl	Sierou Agent	·	1—
COSTA, J 521-SW 1 MIAMY FC	122 AVE			Street Address	(P.O. Bo	x Number is Not Acceptable)			1
			ŀ	City			FL Zip C	ode	
8. The above	named entities submits this statement for	the purpose of changing its	registere	d office or registe	ered age	nt, or both, in the State of Florida	<b>1</b> .		
SIGNATURE.	Signative, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered	Agent signature require	ed when rein	istating)	DATE		
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!  After May 1, 200  Make Check Payable			02 Fee v	will be \$550.00		Election Campaign Financ Trust Fund Contribution.		.00 May Be led to Fees	
11.	OFFICERS AND		12.		ADE	DITIONS/CHANGES TO OFFICE			] =
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COSTA, JR. L 521 S.W. 122 AVE MIAMI FL	☐ Delete	1				☐ Chang	e 🔲 Addition	R2E034 (9/01
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VPS COSTA, MARIA ELENA 521 SW 122ND AVE MIAMI FL	-, 🗻 🗋 Delete		I		. <del> </del>	⊡ Chang	e Addition	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			☐ Chang	e	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>			☐ Chang	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sand	☐ · Delete ——	NAME STREE CITY-	ET ADDRESS ST-ZIP			☐ Chang		
13. I hereby of indicated of the corchanged.	certify that the information supplied with on this report of supplied and in port is poration or the received of visted amount or on an attackment with all address.	this filing does not qualify for true and accurate and that rowered to execute this report with all other like empowered	r the exerny signat as requir	nption stated in S ure shall have the ed by Chapter 6	Section 1 e same le 07, Floric	19.07(3)(i), Florida Statutes. I fu egal effect as if made under oath la Statutes; and that my name a	ther certify that th n; that I am an offic opears in Block 1	e information cer or director I or Block 12 if	
SIGNAT	URE: SIGNATURE AND TYPED ON	HITE, BEQUIF	OR DIRECT	OR		Date	Daytime Phone	#	