

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002247

1. Entity Name

PETROZONE OF UNIVERSITY LTD.

Principal Place of Business

3475 WEST FLAGLER STREET  
MIAMI FL 33135

Mailing Address

3475 WEST FLAGLER STREET  
MIAMI FL 33135-1025

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6714 Pines Blvd  
Suite, Apt. #, etc.  
#

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Same

4. FEI Number

65-0864767

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHLAFKE, MARIA A. D  
3475 WEST FLAGLER STREET  
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

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

6714 Pines Blvd

City

Pembroke Pines FL

Zip Code

33024

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

*Maria A. Schlafke*  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1-17-00

DATE

9. Capital Contributions as Shown on record.

\$200.00

10. Amount of Capital Contributions in FLORIDA to date.

200.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000097056  
NAME PETROZONE, INC.  
STREET ADDRESS 3475 WEST FLAGLER STREET  
CITY - ST - ZIP MIAMI FL 33135

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*Maria A. Schlafke*  
President of GP. 1-17-00 954 9615222 4204

CR2E001 (9/99)