2001 UNIFORM BUSINESS REPORT (UBR)

000362 AF

DOCUMENT # A98000002247

1. Entity Name

PETROZONE OF UNIVERSITY LTD.

FILED
01 APR 23 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6714 PINES BLVD. PEMBROKE PINES FL 33024	6714 PINES BLVD. PEMBROKE PINES FL 33024

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0864767 ☐ Applied For ☐ Not Applicable

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
SCHLAFKE, MARIA A 6714 PINES BLVD. PEMBROKE PINES FL 33024	Name: CLEMENTE E. CRUZ Street Address (P.O. Box Number is Not Acceptable): 6714 PINES BOULEVARD 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 [signature] SECRETARY DATE 4/12/01

Signature, typed or printed name of registered agent and title if applicable. CLEMENTE E. CRUZ (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. $200.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000097056	STREET ADDRESS	
NAME	PETROZONE, INC.		
STREET ADDRESS	6714 PINES BLVD.	CITY-ST-ZIP	700004163877--9
CITY-ST-ZIP	PEMBROKE PINES FL 33024		
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CR2E003 (11/00)

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 REQUIRED [signature] 4/12/01 (954) 961-5222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER CLEMENTE E. CRUZ — Date — Daytime Phone #