

2001 UNIFORM BUSINESS REPORT (UBR)

0013672 AF

DOCUMENT # **A99000000366**

1. Entity Name

PETROZONE OF OAKLAND LTD

Principal Place of Business

**6714 PINES BLVD.
PEMBROKE PINES FL 33024**

Mailing Address

**3475 WEST FLAGLER STREET
MIAMI FL 33135-1025**

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

65-0903093

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHLAFKE, MARIA D

6714 PINES BLVD.

PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

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

SECRETARY

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/01

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

DOCUMENT # **P97000097056**
NAME **PETROZONE INC.**
STREET ADDRESS **6714 PINES BLVD.**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CLEMENTE E. CRUZ

Date

4/12/01

Daytime Phone #

(954) 961-5222

FILED

01 APR 23 AM 10:38

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)