

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90062 049 \*\*\*150.00

**DOCUMENT # F00000001968**

**1. Entity Name**  
**PETROPAC, INC.**

**Principal Place of Business**

**2701 REESE ROAD**  
**DAVIE FL 33314**

**Mailing Address**

**2701 REESE ROAD**  
**DAVIE FL 33314**

**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**

**65-1036802**

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**

**CORPORATION SERVICE COMPANY**

**1201 HAYS STREET**

**TALLAHASSEE FL 32301-2525**

Name

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

City

**FL**

Zip Code

**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	REED	<input type="checkbox"/> Delete
NAME	WYNNE, JAMES A III	
STREET ADDRESS	2701 REESE ROAD	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENNETT, JEFFREY	
STREET ADDRESS	11150 SANTA MONICA BLVD., SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCGOLDRICK, MARK	
STREET ADDRESS	ONE BANK BOSTON PLAZA, SUITE 1600	
CITY-ST-ZIP	PROVIDENCE RI 02903	
TITLE	ASAT	<input checked="" type="checkbox"/> Delete
NAME	KIMURA, MARK	
STREET ADDRESS	11150 SANTA MONICA BLVD., SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	D	<input type="checkbox"/> Delete
NAME	WONG, DAVID	
STREET ADDRESS	11150 SANTA MONICA BLVD., SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAURENCE, CHRISTOPHER	
STREET ADDRESS	11150 SANTA MONICA BLVD., SUITE 1200	
CITY-ST-ZIP	LOS ANGELES CA 90025	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, JAMES A. III	
STREET ADDRESS	2701 REESE RD	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAUGAMAN, Douglas	
STREET ADDRESS	2701 REESE RD	
CITY-ST-ZIP	DAVIE, FLORIDA 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY ROSENBAUM	
STREET ADDRESS	2701 REESE RD	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIN, THOMAS	
STREET ADDRESS	11150 SANTA MONICA BLVD, SUITE 1200	
CITY-ST-ZIP	LOS ANGELES, CA 90025	

**3. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:**

**STANLEY O. ROSENBAUM VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

954-583-0648

CR2E034 (9/01)