

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90031 016 \*\*\*158.75

**DOCUMENT # F01000006133**

1. Entity Name

**UNITED PETROLEUM GROUP, INC.**

Principal Place of Business

**5800 NW 74TH AVE.  
 MIAM FL 33166**

Mailing Address

**5800 NW 74TH AVE.  
 MIAM FL 33166**

2. Principal Place of Business

**7000 NW 52nd Street**

3. Mailing Address

**7000 NW 52nd Street**

Suite, Apt. #, etc.

**Second Floor**

Suite, Apt. #, etc.

**Second Floor**

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**62-1798715**

Applied For

Not Applicable

Zip

**33166**

Country **USA**

Zip

**33166**

Country

**USA**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DIAZ, JUAN**

**5800 NW 74TH AVE.  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**JUAN DIAZ, ESQ.**

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

**7000 NW 52nd Street**

City

**Miami**

**FL**

Zip Code  
**33166**

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.

**JUAN DIAZ, ESQ.**

(NOTE: Registered Agent signature required when reinstating)

**April 30, 2002**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSCD BARED, JOSE P 5800 NW 74TH AVE. MIAMI FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MACDONALD, JOHN 5800 NW 74TH AVE. MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO John MacDonald 7000 NW 52nd Street, Second Floor Miami, Florida 33166</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President / Secy. Jorge Cavo 7000 NW 52nd Street Miami, Florida 33166</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jorge Cavo**

**April 30, 2002**

Date

**305/592-5101**

Daytime Phone #

CR2E034 (9/01)