2000 UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # **F95000000581** 1. Entity Name G.G.R. OIL, INC. 05-24-2000 90419 001 *1,100.00 Principal Place of Business Mailing Address 3200 SHAWNEE AVENUE #1 27840 TOMBALL PARKWAY WEST PALM BEACH FL 33409-5070 TOMBALL TX 77375 Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 76-0372533 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GOLDBERG, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 3200 SHAWNEE AVENUE #1 WEST PALM BEACH FL 33409 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Defete TITLE TITLE GERTNER, GILBERT NAME NAME STREET ADDRESS 27840 TOMBALL PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TOMBALL TX 77375 ☐ Addition ☐ Change ☐ Delete TITLE TITLE GOLDBERG, ROBERT A NAME NAME STREET ADDRESS 3200 SHAWNEE AVENUE #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Addition □ Delete TITLE Change NAMÉ ROSMARIN, LANCE_ NAME STREET ADDRESS STREET ADDRESS 27840 TOMBALL PARKWAY CITY-ST-7IP CITY-ST-ZIP **TOMBALL TX 77375** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: