

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90072 043 \*\*\*150.00

**DOCUMENT #** F960000004134

**1. Entity Name**  
PETROMAR, MARKETING, INC. ✓

**Principal Place of Business**  
95 Merrick Way  
 Suite, Apt. #, etc. Suite 518  
 City & State Coral Gables, Florida  
 Zip 33134 Country USA

**Mailing Address**  
95 Merrick Way  
 Suite, Apt. #, etc. Suite 518  
 City & State Coral Gables, Florida  
 Zip 33134 Country USA

**811956**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
95 Merrick Way  
 Suite, Apt. #, etc. Suite 518  
 City & State Coral Gables, Florida  
 Zip 33134 Country USA

**3. Mailing Address**  
95 Merrick Way  
 Suite, Apt. #, etc. Suite 518  
 City & State Coral Gables, Florida  
 Zip 33134 Country USA

**4. FEI Number**  
13-3478202

**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**  
 Name Chester, Robert A.  
 Street Address (P.O. Box Number is Not Acceptable) 95 Merrick Way, Suite 518  
 City Coral Gables FL Zip Code 33134

**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** Robert A. Chester 2/1/2000  
 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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>PSD</u>	<input type="checkbox"/> Delete	TITLE <u>D</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <u>Chester, Robert A.</u>		NAME <u>Askinas, Mitchell</u>	
STREET ADDRESS <u>95 Merrick Way, Suite 518</u>		STREET ADDRESS <u>422 E 72nd St. 2nd</u>	
CITY-ST-ZIP <u>Coral Gables, FL 33134</u>		CITY-ST-ZIP <u>New York, NY 10021</u>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.**

**SIGNATURE:** Robert A. Chester, Robert A. Chester, President 2/1/2000 305-774-9500  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)