

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90300 004 \*\*\*150.00

**DOCUMENT # F96000004134**

1. Entity Name

**PETROMAR MARKETING, INC.**

Principal Place of Business

**95 MERRICK WAY**  
**SUITE 518** 507  
**CORAL GABLES FL 33134**  
**US**

Mailing Address

**95 MERRICK WAY**  
**SUITE 518** 507  
**CORAL GABLES FL 33134**  
**US**

2. Principal Place of Business

**45 Merrick Way**  
**Suite 507**

3. Mailing Address

**45 Merrick Way**  
**Suite 507**

**Suite 507**

**Suite 507**

**City & State**  
**Coral Gables, FL**

**City & State**  
**Coral Gables, FL**

4. FEI Number **13-3478202**

Applied For

Not Applicable

**Zip**  
**33134**

**Country**  
**Miami - Dade**

**Zip**  
**33134**

**Country**  
**Miami - Dade**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHESTER, ROBERT A**  
**95 MERRICK WAY, SUITE 518 507**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **Chester, Robert A**  
Street Address (P.O. Box Number is Not Acceptable)  
**45 Merrick Way, Suite 507**  
City **Coral Gables** **FL** **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

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, 2001 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	PSD	<input type="checkbox"/> Delete
NAME	CHESTER, ROBERT A	
STREET ADDRESS	95 MERRICK WAY, SUITE 518	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	HILANOVICH, LANCE	
STREET ADDRESS	45 MERRKE WAY, SUITE 518	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASKINAS, MITCHEL	
STREET ADDRESS	422 E 72ND ST, 26E	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, President**

**3/1/01**

**305-774-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)