2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G35502

1. Entity Name

ADVANCE PETROLEUM, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90212 044 ***150.00

Principal Place of Business 700 S. ROYAL POINCIANA BLVD SUITE #800 MIAMI SPRINGS FL 33166				Mailing Address 700 S. ROYAL POINCIANA BLVD., SUITE #800 MIAMI SPRINGS FL 33166					- - 100/20 0640 1450 0704 0704 08/2				
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. F	FEI Number 59-2283968			pplied For ot Applicable	
Zip Country			Zip Coun			try 5. Certi			Certificate of Status Desired		8.75 Ad	ditional	
6. Name and Address of Current Registered Agent								7. N	Name and Address of New Re			,,,	
						Name				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2		
C T CORPORATION SYSTEM						Constitution (CO Park)							
1200 SOUTH PINE ISLAND ROAD							Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324									 				
			City				FL	Zip Coc	le				
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. I am familiar with, and accept the obligations of registered agent.													
SIGNATURE													
	Signature, typed	or printed name of registered agent and	d title if app	licable. (NOTE	: Registered	Agent signate	ure required wh	hen rei	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									9. Election Campaign Fina Trust Fund Contribution.	ncing		0 May Be d to Fees	
10.		OFFICERS AND D	IRECTO	RS	11.				QITIONS/CHANGES TO OFFIC	ERS AND (DIRECTOR	S IN 11	
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2. I hereby certify that the information supplied with this filling 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 10 or Block 11 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 DIRECTO

1/10/03

(305) P83-1554 X142