2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 08, 2000 8:00 am Secretary of State **DOCUMENT # H04236** 1. Entity Name MARGATE AMOCO INC. 06-08-2000 90008 019 ***150.00 Mailing Address Principal Place of Business 804 NORTH STATE ROAD SEVEN 804 NORTH STATE ROAD SEVEN MARGATE FL 33063-4518 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2405696 Not Applicable \$8.75 Additional Country Country Zip \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent URBIETA, GUILLERMO Street Address (P.O. Box Number is Not Acceptable) 3890 N. COMMERCIAL BLVD., #216 TAMARAC FL 33309 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. 7425 SW 115755T Addition TITLE Delete TITLE NAME URBIETA JR., IGNACIO NAME Miami, F433156 15720 TURNBERRY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI-LAKES FL. ☐ Change ☐ Addition ☐ Delete TITLE TITLE URBIETA, GUILLERMO NAME STREET ADDRESS STREET ADDRESS 25 CASTLE HARBOR ISLE CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL Change Addition X Delete TITLE URBIETA, IGNACIO NAME STREET ADDRESS 1201 S. OCEAN DR. #1402 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP [] Change Addition Delete TITI F 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

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 require 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. changed, or on an attachm t with an address, with all oth TENACIO URBIETA JR. 4/28/00

SIGNATURE: S

TURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #