

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

0126593

**DOCUMENT # H04236**

1. Entity Name

**MARGATE AMOCO INC.**

05-16-2001 90044 032 \*\*\*150.00

Principal Place of Business

Mailing Address

**804 NORTH STATE ROAD SEVEN  
MARGATE FL 33063**

**804 NORTH STATE ROAD SEVEN  
MARGATE FL 33063**

2. Principal Place of Business

**11601 W. Okeechobee Rd.**

3. Mailing Address

**11601 W. Okeechobee Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Hialeah Gardens, FL**

City & State

**Hialeah Gardens, FL**

Zip

**33016**

Country

**USA**

Zip

**33016**

Country

**USA**

4. FEI Number

**59-2405696**

Applied For

☐ Not Applicable

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

**-URBIETA, GUILLERMO  
3890 N. COMMERCIAL BLVD., #216  
TAMARAC FL 33309**

Name

**Urbieto, Ignacio Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**11601 W. Okeechobee Rd.**

City

**Hialeah Gardens**

FL

Zip Code

**33016**

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

*Ignacio Urbieto Jr.*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **URBIETA JR., IGNACIO**  
STREET ADDRESS **7425 SW 115TH ST**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP** ☐ Delete  
NAME **URBIETA, GUILLERMO**  
STREET ADDRESS **25 CASTLE HARBOR ISLE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Ignacio Urbieto Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)