2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 JUN -5 AM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000192

1. Entity Name
DARIAS PETROLEUM, L.L.C.

Principal Place of Business / Mailing Address
2398 West Commercial Blvd
Fort Lauderdale, FL 33309

2. Principal Place of Business: 2398 West Commercial Blvd
Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL
Zip: 33309 Country: USA

3. Mailing Address: 2398 West Commercial Blvd
Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL
Zip: 33309 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0971301 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name: Andrew Cuevas, Esq.
Street Address (P.O. Box Number is Not Acceptable): 536 Biltmore Way
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: Andrew Cuevas
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE	Member/manager ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	Jose Darias	NAME	
STREET ADDRESS	2398 West Commercial Blvd	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	CITY-ST-ZIP	
TITLE	Member ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	Mauro Darias	NAME	
STREET ADDRESS	2398 West Commercial Blvd	STREET ADDRESS	200004423052--0
CITY-ST-ZIP	Fort Lauderdale, FL 33309	CITY-ST-ZIP	-06/15/01--01089--006
TITLE	Member ☐ Delete	TITLE	*****50.00 ☐ Change ☐ Addition *****50.00
NAME	William Darias	NAME	
STREET ADDRESS	2398 West Commercial Blvd	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #