

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007898

1. Entity Name  
RED ROAD PETROLEUM, L.L.C.

FILED

01 MAR 30 AM 8:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4780 N.W. 128TH STREET ROAD  
OPA LOCKA FL 33054

Mailing Address  
4780 N.W. 128TH STREET ROAD  
OPA LOCKA FL 33054

2. Principal Place of Business  
3500 RED ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
3500 RED ROAD  
Suite, Apt. #, etc.

City & State  
- MIRAMAR

City & State  
MIRAMAR

4. FEI Number  
65-1023316

Applied For  
Not Applicable

Zip  
FL 33025

Country

Zip  
FL 33025

Country  
USA

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

## 6. Name and Address of Current Registered Agent

SMOLER, BRUCE J  
100 S.E. 2ND STREET, SUITE 2620  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name

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

City

FL

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 \_\_\_\_\_  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

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NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

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

2/27/01

Date

Daytime Phone #

CR2E083 (11/00)