

*** AMENDED ***
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008770

1. Entity Name

MINOTA-PACHECO OIL, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 APR 24 PM 1:09

Principal Place of Business	Mailing Address
2. Principal Place of Business	3. Mailing Address

4190 WEST FLAGLER ST 4190 WEST FLAGLER ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL City & State MIAMI, FL

4. FEI Number 65-1026220

Applied For
 Not Applicable

Zip 33134 Country USA Zip 33134 Country USA

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 JAVIER MINOTA
	Street Address (P.O. Box Number is Not Acceptable) 4190 WEST FLAGLER ST
	City MIAMI 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

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

400005430584--8
 -05/02/02--01039--014
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER JAVIER MINOTA 4190 WEST FLAGLER ST MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER VICTORIA PACHECO 4190 WEST FLAGLER ST MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X *Javier Minotta*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/12/02

Date Daytime Phone #