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FILED
Jul 04, 2002 8:00 am
Secretary of State
05-15-2002 90130 002 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004593

1. Entity Name
AMERICAN PETROLEUM PRODUCTS LLC

Principal Place of Business	Mailing Address
3475 W. FLAGLER ST. MIAMI FL 33135	3475 W. FLAGLER ST. MIAMI FL 33135

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHLAFKE, MARIA D
3475 W. FLAGLER ST.
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name: PATTMAN LEWIS
Street Address (P.O. Box Number is Not Acceptable): ONE BISCAYNE TOWER #2400
TWO SOUTH BISCAYNE BLVD
City: MIAMI FL Zip Code: 33131

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] [signature] 4/26/2002
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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MANAGING MEMBER SCHLAFKE, MARIA D. 3475 W FLAGLER ST MIAMI FL 33135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	MANAGER CHIERICO, RICHARD 3475 W FLAGLER ST MIAMI FL 33135	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

CR2E083 (9/01)

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] 4/26/02 305 724 7740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #