

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90054 017 ****50.00
 05-22-2002 90206 038 ****50.00

DOCUMENT # L01000007881

1. Entity Name
R2C OIL, LLC

Principal Place of Business

Mailing Address

**631 NW 58TH CT.
 MIAMI FL 33126**

**631 NW 58TH CT.
 MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

8690 SW 24th St.

8690 SW 24th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami - FL

City & State
Miami - FL

4. FEI Number
65-1121191

Applied For
 Not Applicable

Zip
33155

Country
USA

Zip
33155

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

**BRUN-NOA, RICELINA
 631 NW 58TH CT.
 MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09 13 2002

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ricelina Brun-Noa 8690 SW 24th St. Miami - FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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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"/> Change <input type="checkbox"/> 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

09 13 02 305 2209446

Date

Daytime Phone #

CR2E083 (4/02)