## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # L14677 Apr 03, 2000 8:00 am Secretary of State PETRO STATION CORP. 04-03-2000 90150 033 \*\*\*150.00 Mailing Address Principal Place of Business 12530 SW 114 AVE 12530 SW 114 AVE MIAMI FL 33176 MIAMI FL 33176-4508 3. Mailing Address 2. Principal Place of Business 3NAJ IF 11264 SW 71 LAKE 11254 SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State ... 4. FEI Number 65-0145239 , FL # L IMAIM Not Applicable IMAIN Country Country \$8.75 Additional 5. Certificate of Status Desired もろいろ ABU 42U るるいろ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BACELIS, GRAZVYDAS Street Address (P.O. Box Number is Not Acceptable) 12530 SW 114 AVE MIAMI FL 33176 City MIAMI BEACH ned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above na 0006/06/6 CD\_02UYD0S SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE **NETO. ZACHARIAS BAPTISTA** NAME NAME 11254 SW 71 LAHE STREET ADDRESS 12530 SW 114 AVENUE STREET ADDRESS CITY-ST-ZIP 416U1, FL. 33173 CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change TITLE DVP ☐ Delete TITLE NAME BRONHOLI. ANISIO LUIS NAME 11524 SW JI LAHE STREET ADDRESS 13411 SW 116TH PL STREET ADDRESS CITY-ST-ZIP MILMI, FL. CITY-ST-ZIP MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE BACELIS, GRAZVYDAS NAME NAME 4000 COLLINS AUE. H316 12530 SW 114 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIDNI BEACH, FL 33140 CITY-ST-7IP MIAMI FL Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the redeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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