

2/5/01-90077-041-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L27665

1. Entity Name
CAUSEWAY AMOCO, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 1:57

710460



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1900 NE 123RD ST
NORTH MIAMI FL 33181

Mailing Address
1900 NE 123RD ST
NORTH MIAMI FL 33181

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **65-0157709** Applied For Not Applicable

5. Certificate of Status Desired \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent
MARLETTA, SALVATORE
1900 NE 123 ST
NORTH MIAMI FL 33181

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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	DP MARLETTA, SALVATORE 1900 NE 123RD ST NORTH MIAMI FL		

TITLE	NAME	TITLE	NAME

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 receiver 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: *Salvatore Marletta*

01-30-01/305849.035

ASSOCIATED TAX CONSULTANTS, INC.
6163 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014
305-823-9292

OCTOBER 17,2001

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

REF: CAUSEWAY AMOCO, INC
DOC: # L27665
ANNUAL REPORT 2001

TO WHOM IT MAY CONCERN:

PLEASE ADVISE THIS IS THE THIRD TIME WE SENDER TO YOU COPY OF
THE CANCELLED CHECK, COPY OF THE CORRECTION OF THE ANNUAL
REPORT TO MAKE A CORRECTION ON YOUR FILE, BECAUSE CAUSEWAY
AMOCO STILL RECEIVED A NOTICE OF UNPAID ANNUAL REPORT.
CAN YOU PLEASE MAKE A CORRECTION, AND CONFIRM YOU RECEIVED
THIS PAPERS.

THANKING IN ADVANCING FOR YOU HELP IN THIS MATTER.


S.GARCIA
ACCOUNT SUPERVISOR