2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90137 025 ****50.00

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DOCUMENT # L99000005444

1. Entity Name
THIN OIL PRODUCTS LLC

Principal Place of Business	Mailing Address
1860 N. OINE ISLAND RD. PINE SUITE 107 PLANTATION FL 33322	1860 N. OINE ISLAND RD. PINE SUITE 107 PLANTATION FL 33322

2. Principal Place of Business		3. Mailing Address	
1860 N. PINE ISLAND RD		1860 N PINE ISLAND RD	
Suite, Apt. #, etc.: Suite 107		Suite, Apt. #, etc.: Suite 107	
City & State: Plantation FL		City & State	
Zip: 33322	Country: Broward	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0983067 ☐ Applied For ☐ Not Applicable

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
GERSTEIN, WILLIAM 1300 N. FEDERAL HIGHWAY, SUITE 203 BOCA RATON FL 33432	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 ______________________________
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	MGRM CORREDOR, JORGE 1860 N. OINE ISLAND RD., #107 PLANTATION FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORREDOR, CARLOS 1860 N. OINE ISLAND RD., #107 PLANTATION FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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 REQUIRED April 23rd/2002 954 673 3222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #