

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 OCT -2 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



05/17/01-91318-019 \$ 150.00

DOCUMENT # P00000063221

1. Entity Name
C G OIL CORP.

Principal Place of Business 6390 SHERIDAN STREET HOLLYWOOD FL 33024		Mailing Address 6390 SHERIDAN STREET HOLLYWOOD FL 33024	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
651002433

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee**

6. Name and Address of Current Registered Agent GUTIERREZ, CAMILO E 6390 SHERIDAN STREET HOLLYWOOD FL 33024		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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 STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, CAMILO E 6390 SHERIDAN STREET HOLLYWOOD FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, FRANCIA L 11245 ROUNDELAY ROAD COOPER CITY FL 33016 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Handwritten Signature]* **4-27-01 305-1328300**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

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780 N.W. 42ND AVENUE
SUITE 422
MIAMI, FLORIDA 33126

DIAZ & ASSOCIATES, INC.
ACCOUNTANTS

PH.: (305) 442-4344
FAX: (305) 442-4337

Friday, August 24, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: C G Oil Corp
Ref. Number: Poooooooo63221

To whom it may concern:

We are writing to respectfully request a waiver of any additional fees you are trying to access our client. They were on time in sending you the report and the monies owed. Their only error was in not understanding the reason you sent the form back to them, due to their lack of understanding of the English language. They assumed that you had resent the form to them in error.

We are resending the form to you with the requested information and hope this will resolve your request. If you have need of any further information please direct them to our office.

Sincerely,



Alina Diaz