## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 10, 2002 8:00 am Secretary of State DOCUMENT # P00000104982 1. Entity Name ULTIMATE PETROLEUM INCORPORATED 05-10-2002 90023 019 \*\*\*150.00 Principal Place of Business Mailing Address 13054 NW 43 AVENUE 13054 NW 43 AVENUE OPA LOCKA FL 33054 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1055681 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CALVO, VICENTE Street Address (P.O. Box Number is Not Acceptable) 13054 NW 43 AVENUE OPA LOCKA FL 33054 City Zip Code 8. The above named entit e purpose of changing its registered office or registered agent, or both, in the State of Florida registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Γ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change Addition NAME CALVO, VICENTE 13054 NW 43 AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MORLA, RAMON-JR. NAME STREET ADDRESS 13054 NW 43 AVENUE STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33054 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS €ÎTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 the empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR