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## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## P01000033082 DOCUMENT # 05-05-2002 90025 035 \*\*\*150.00 1. Entity Name SIGNATURE PETROLEUM ENTERPRISES INC Principal Place of Business Mailing Address **8800 SW 104 STREET** 8800 SW 104 STREET MPAMI FL 33176 MIAMI FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEQUENO, MILADY Street Address (P.O. Box Number is Not Acceptable) 8800 SW 104 STREET **MIAMI FL 33176** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 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 OFFICERS AND DIRECTORS 11. (6/6) ☐ Addition ☐ Change TITLE ☐ Delete TITLE PEQUENO, TOMAS NAME NAME 8800 SW 104 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 ☐ Change ☐ Addition TITLE ☐ Delete TITLE PEQUENO, GLADYS NAME NAME STREET ADDRESS STREET ADDRESS 8800 SW 104 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 Secretary **Addition** ☐ Calete<sup>3</sup> TITLE TITLE Milady Pequeno 8400 Street NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP F1 33176 MIAMI CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete m e NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition 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), Fiorida 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.

FILED
May 29, 2002 8:00 am
Secretary of State