2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am § Secretary of State P01000067146 DOCUMENT # 1. Entity Name 05-01-2002 91476 047 ***150 00 OIL PRODUCTS OF AMERICA, INC. Principal Place of Business Mailing Address 2588 S.W. 27TH AVENUE 2588 S.W. 27TH AVENUE MIAMI FL 33133-2143 MIAMI FL 33133-2143 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 65-1122527 Not Applicable Zip Country Zip 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 **IGLESIAS. JESUS** Street Address (P.O. Box Number is Not Acceptable) 11317 N.W. 62ND TERRACE **MIAMI FL 33178** City Zip Code FL 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) .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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition IGLESIAS, JESUS NAME NAME STREET ADDRESS 11317 N.W. 62 TERRACE STREET ADDRESS MIAMI FL 33178 CITY-ST-ZIP CITY-ST-ZIP TITLE **VD** ☐ Delete TITLE Change ☐ Addition NAME HARRIS, OREN J NAME STREET ADDRESS AVE. FRANCISCO DE MIRANDA CON 4TA. AVE STREET ADDRESS CHACAO, CARAVAS, VENEZUELA CITY-ST-ZIP CITY-ST-ZIP TITLE TD Delete TITLE ☐ Change ☐ Addition NAME Sanchez, Soraida G STREET ADDRESS AVE. FRANCISCO DE MIRANDA CON 4TA. AVE STREET ADDRESS CITY-ST-ZIP CHACAO, CARAVAS, VENEZUELA-CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition 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). 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:

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FILED