

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90061 002 ***150.00

DOCUMENT # 1
1. Entity Name **PO1000086761** ✓
WORLDWIDE CARBO LOGISTICS INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9460 NW, 12 STREET		3. Mailing Address 9460 NW, 12 STREET	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33172	Country USA	Zip 33172	Country USA

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4. FEI Number 6511 35 443	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

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7. Name and Address of Current Registered Agent

Name WORLDWIDE CARBO LOGISTICS INC.
Street Address (P.O. Box Number is Not Acceptable) 9460 NW, 12 STREET.
City MIAMI
State FL
Zip Code 33172

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. (NO IL: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE PRESIDENTE	NAME PATRICIA A. LOBREA H.	TITLE	
STREET ADDRESS 9460 NW, 12 STREET.	CITY-ST-ZIP MIAMI, FL, 33172	STREET ADDRESS	
TITLE VICEPRESIDENTE	NAME FAUSTO UTREBAS M.	TITLE	
STREET ADDRESS 9460 NW, 12 STREET.	CITY-ST-ZIP MIAMI, FL, 33172	STREET ADDRESS	
TITLE SECRETARIO	NAME PEDRO F. UTREBAS A.	TITLE	
STREET ADDRESS 9460 NW, 12 ST.	CITY-ST-ZIP MIAMI, FL, 33172	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, and I am otherwise empowered.

SIGNATURE: *Pedro Utreras* **PEDRO F. UTREBAS A.** 04/29/02 786 367 9877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)