FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90075 002 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

420548

DOCUMENT # P01000098685

1. Entity Name
Continental Petroleum Company, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1235 Alton Rd.	1235 Alton Rd.
Suite, Apt. #, etc #F	Suite, Apt. #, etc #F
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139 Country	Zip 33139 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0438269
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Camilo Campo

Street Address (P.O. Box Number is Not Acceptable):
1235 Alton Rd. Suite F

City: Miami Beach FL Zip Code: 33139

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

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

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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Camilo Campo 1235 Alton rd Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUCY VILLAMIZAR 1235 Alton Rd Miami Beach FL 33139
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CR2E034B (12/01)

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, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR