2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE:

May 14, 2002 8:00 am Secretary of State DOCUMENT # P01000102491 1. Entity Name 05-14-2002 90091 001 ***300.00 PETROLEUM CONSULTING SERVICES, INC. Principal Place of Business Mailing Address 835 N. RAINBOW DR. 835 N. RAINBOW DR. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business DO NOT WRITE IN THIS SPACE City & City & State 4. FEI Number Applied For Not Applicable \$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 RODRIGUEZ, SERGIO Street Address (P.O. Box Number is Not Acceptable) 835 N. RAINBOW DR. HOLLYWOOD FL 33021 City Zip Code 8. The above named entity mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . egistered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RODRIGUEZ, SERGIO NAME STREET ADDRESS 835 N. RAINBOW DR. STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARTINEZ, MIKE NAME STREET ADDRESS 11930 NW 22ND ST STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP Delete == ETITLES - - Change - - - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/F 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

FILED