

2006 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90084 027 ***150.00

DOCUMENT #	P04000037459
1. Entity Name	
BISCAYNE CITGO INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15200 BISCAYNE BLVD Suite, Apt. #, etc.		3. Mailing Address 15200 BISCAYNE BLVD Suite, Apt. #, etc.	
City & State AVENTURA, FL Zip 33160-4603 Country US		City & State AVENTURA, FL Zip 33160-4603 Country US	

40089924

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4. FEI Number 05-0597418		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name HILARIO MARTINEZ	
Street Address (P.O. Box Number is Not Acceptable) 15200 BISCAYNE BLVD	
City AVENTURA	FL Zip Code 33160-4603

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HILARIO MARTINEZ 15200 BISCAYNE BLVD AVENTURA, FL 33160
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE

HILARIO MARTINEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #