

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28041

1. Entity Name

OILVEST-DELAWARE, INC.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90110 026 ***158.75

Principal Place of Business

3745 N.E. 717ST STREET
#30
MIAMI BEACH FL 33160
US

Mailing Address

3741 SUNNY ISLES BLVD.
#104
SUNNY ISLES FL 33160-4104

2. Principal Place of Business

3745 NE 171 Street

3. Mailing Address

3741 NE 163 Street

Suite, Apt. #, etc.

30-5

Suite, Apt. #, etc.

PHB 104

City & State

N. Miami Beach FL

City & State

N. Miami Beach FL

Zip

33160

Country

Zip

33160-4104

Country

4. FEI Number

31-1049484

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME PD
STREET ADDRESS MEIJER-WERNER, ROLF
CITY-ST-ZIP AVE., RIO CAURO, URBANIZACION, PAR
CARACUS VE

TITLE ☐ Delete
NAME S
STREET ADDRESS CAPALBO, BRIGITTE
CITY-ST-ZIP 3745 NE 171ST, STREET #30
N. MIAMI BEACH FL 33160

TITLE ☐ Delete
NAME T
STREET ADDRESS CLELAND, E GORDON
CITY-ST-ZIP 225 CENTRAL PARK W
NEW YORK NY 10024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS AVE. RIO CAURA, URBANIZACION PRADOS DELESTE
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

E. G. Cleland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-00

Date

212-381-9744

Daytime Phone #

CR2E034 (9/99)