

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P28041

1. Entity Name

OILVEST-DELAWARE, INC.

**FILED**  
Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90197 015 \*\*\*158.75

Principal Place of Business

Mailing Address

3745 N.E. 171 ST  
#30  
MIAMI BEACH FL 33160  
US

3741 NE 163 ST  
PMB 104  
N MIAMI BEACH FL 33160-4104

00015507



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 31-1049484

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME MEIJER-WERNER, ROLF  
STREET ADDRESS AVE. RIO CAURA, URBANIZACION  
CITY-ST-ZIP PRADOS DELESTE ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS AVE. RIO CAURA,  
CITY-ST-ZIP CARACAS VENEZUELA

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

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 500 Purdy Hill Road, Suite 7  
CITY-ST-ZIP Monroe, CT 06468

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-30-01

Date

203-268-5440

Daytime Phone #

CR2E034 (10/00)