

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36661

1. Entity Name

MCKENDALL PETROLEUM CORPORATION

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90154 022 ***150.00

Principal Place of Business

2455 E. SUNRISE BLVD.
300
FT. LAUDERDALE FL 33304
US

Mailing Address

INTERNATIONAL BLDG STE 300
2455 E SUNRISE BLVD 300
FT. LAUDERDALE FL 33304-3106
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0297357

Applied For

Not Applicable

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

DEVI BERGER
2455 E. SUNRISE BLVD
FT. LAUDERDALE FL 33304

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	BERGER, DELVI C.	2455 E. SUNRISE BLVD. #300	FT. LAUDERDALE FL	<input type="checkbox"/>
VCD	BERGER, ALEXANDRE C.	2455 E. SUNRISE BLVD., #300	FT. LAUDERDALE FL	<input type="checkbox"/>
PT	BERGER DELVI	2317 CASTILLA ISLE	FT. LAUDERDALE FL 33301	<input type="checkbox"/>
VP	BERGER ALEXANDRE	3640 YACHT CLUB DR	AVENTURA FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

NOT REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 (954) 561-1900

CR2E034 (9/99)