2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P93000000944 BAMCO XII. INC. 04-26-2000 90046 019 ***150.00 Mailing Address Principal Place of Business BAMCO PETROLEUM INC 10050 STIRLING RD. 115 N CORTEZ DRIVE CIRCLE G COOPER CITY FL 33328 MARGATE FL 33068-1949 us 2. Principal Place of Business 3. Mailing Address 1492 E BROWARD BLYD 10050 STIRLING ROAD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0424866 LAUDERDALE Not Applicable COOPE \$8.75 Additional 5. Certificate of Status Desired 33301 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCO **BAMCO PETROLEUM INC** Street Address (P.O. Box Number is Not Acceptable) 2333 N STATE RD 7 SUITE E MARGATE FL 33063 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. ANGEL T. FRANCO SIGNATURE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Int Tax filling requirement and elects to do so. satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE P/D PRESIDENT 🔀 Delete ANGELT. FRANCO MANGNITZ. BERNIE NAME NAME 1492 E. BROWARD BOULEVARD STREET ADDRESS STREET ADDRESS BAMCO PETROLEUM INC, 2333 N ST RD 7 STE E CITY-ST-ZIP FT. LANDERDALE, FL 33301 CITY-ST-ZIP MARGATE FL TITLE V/S MARY HELEN FRANCO ☐ Delete 1492 E. BROWARD BOULEVARD NAME NAME STREET ADDRESS STREET ADDRESS PT. LAUDERDALE CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE

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.

NAME

TITLE

NAME

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

04/19/00

(954) 523.9609

Change

☐ Addition

Daytime Phone #

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