

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000052961

1. Entity Name
PETRINVEST, INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90210 018 ***150.00

Principal Place of Business
**1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

Mailing Address
**1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**



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 **NOT APPLICABLE**
65-0486283

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

**ROOSA, RICHARD V
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904**

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

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	D	<input type="checkbox"/> Delete
NAME	BAUMANN, DIETHELM	
STREET ADDRESS	POSTFACH 220	
CITY-ST-ZIP	8027 ZURICH SWITZERLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORNI, P	
STREET ADDRESS	POSTFACH 220	
CITY-ST-ZIP	8027 ZURICH SWITZERLAND	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENN, H	
STREET ADDRESS	POSTFACH 220	
CITY-ST-ZIP	8027 ZURICH SWITZERLAND	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Diethelm Baumann**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2001

Date

01/202 70 10

Daytime Phone #

CR2E034 (10/00)