

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-09-2001 90210 018 ***150.00

DOCUMENT # P93000052961

1. Entity Name
PETRINVEST, INC.

| | |
|---|---|
| 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** Applied For
65-0486283 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

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

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 | |
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| TITLE | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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|----------------|---|
| 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)(j), 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 *Diethelm Baumann* 1-15-2001 01/202 70 10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)