

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000072740**

1. Entity Name

**CYPRESS PETROLEUM CORPORATION**

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91314 027 \*\*\*150.00

Principal Place of Business

**3091 62ND ST NW  
FT LAUDERDALE FL 33309**

Mailing Address

**P. O. BOX 9327  
CORAL SPRINGS FL 33075  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0443168**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RAYMOND, JOHN J JR  
1200 NORTH FEDERAL HWY, 411  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **RICHARD W. HARRIS**

Street Address (P.O. Box Number is Not Acceptable)

**7971 NW 89TH LANE**

City

**TAMPA FL**

FL

Zip Code

**33321**

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

*Richard W. Harris*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-19-02**

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, 2002 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

**PD  
PAYAN, ROSA M  
11031 SW 1 CT  
CORAL SPRINGS FL 33071**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change

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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*Rosa M. Payan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**06/17/02**

**954**

**294-5454**

Date

Daytime Phone #

CR2034 (9/01)