

FILED
Jul 07, 2003 8:00 am
Secretary of State

07-07-2003 90305 045 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065215

1. Entity Name

TRITON MARINE FUELS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3191 CORAL WAY

Suite, Apt. #, etc.

SUITE #202

City & State

MIAMI FL

Zip

33145

Country

US

3. Mailing Address

3191 CORAL WAY

Suite, Apt. #, etc.

SUITE #202

City & State

MIAMI, FL

Zip

33145

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0519141

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

ARAZOZA & FERNANDEZ-FRAGA, P.A.

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

2100 SALZEDO STREET, SUITE #300

City

CORAL GABLES

FL

Zip Code

33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

PST
 BIURRARENA, ANA
 3191 CORAL WAY, SUITE #202
 MIAMI, FL 33145

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #