## 2002 Uniform Business Report (UBR)

## Mar 26, 2002 8:00 am P95000035159 DOCUMENT # Secretary of State 1. Entity Name 03-26-2002 90083 032 \*\*\*150.00 EAGLE STAR PETROLEUM ENTERPRISES, INC. Principal Place of Business Mailing Address 1601 N.W. 119TH STREET 1601 N.W. 119TH STREET NORTH MIAMI FL 33167 NORTH MIAMI FL 33167 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2401. <u>N.W</u> <u>2401 N.W.</u> Applied For City & State City & State 4. FEI Number 65-0579486 Miami miami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3314A <u>6 1166</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thomas PEQUENO, TOMAS Street Address (P.O. Box Number is Not Acceptable) 1601 NW 119TH STREET NORTH MIAM! FL 33167 Zip Code <u>33149</u> 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DSTO TITLE ☐ Delete TITI F ☐ Addition Pequeno, Tomas PEQUENO, TOMAS NAME NAME STREET ADDRESS 1601 N.W. 119TH ST. STREET ADDRESS 2401 N. W. 3014 ave NORTH MIAMI FL 33167 CITY-ST-ZIP CITY-ST-ZIP MIQMI FL 33143 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE -TITI F Change ☐ Addition Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 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 accordate 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 of the corporation or the receiver or t changed, or on an attachment with

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED