

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000058354

1. Entity Name

TOP PETROLEUM EQUIPMENT, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90278 004 ***150.00

Principal Place of Business

Mailing Address

7421 NW 54 ST
MIAMI FL 33122
US

16140 SOUTH POST RD
#204
WESTON FL 33331-3544
US

2. Principal Place of Business

21346 ST ANDREWS BLVD

3. Mailing Address

21346 ST ANDREWS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33433

Country

Zip

33433

Country

4. FEI Number

65-0597988

Applied For

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

H.M.B.C. INC
9211 KENDALE BLVD
MIAMI FL 33176

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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** ☒ Delete
NAME **MARQUEZ, FERNANDO**
STREET ADDRESS **AV PAEZ RES.T/PARAISO P/23 234-C**
CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DE VILLA, GONZALO**
STREET ADDRESS **MONTALBAN III P/8-C RES COROMOTO**
CITY-ST-ZIP **CARACAS, VENEZUELA**

TITLE **PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
NAME **16140 So. Post RD # 204**
STREET ADDRESS **WESTON FL 33331-3544**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 954 349 2831

CR2E034 (9/99)