2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037970 1. Entity Name FUELTEC OIL SERVICE CORP.				Secretary of State 01-27-2002 90031 007 ***158.75				
Principal Place of Business 3010 NW 23 TERR. MIAMI FL 33142 US		Mailing Address 3010 NW 23 TERR. MIAMI FL 33142 US						
2. Principal Place of Business		3. Mailing Address				IIII (BRID BRID) IO		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State 4		4. FEI Number 65-	0660259	_ ``	plied For t Applicable	
Zip Country		Zip	Country	5. Certificate of Status		\$8.75 Addi	itional	
	6. Name and Address of Current I	l Registered Agent		7. Name and Address				
SUAREZ, DANIA 12970 SW 2ND ST. MIAMI FL 33184			Name Street Addres	Name Street Address (P.O. Box Number is Not Acceptable)				
-1			City		FL	Zip Code	;	
Tax filing	Signature, typed or printed name of registered agent a cration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!	E: Registered Agent signature requi III FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of S	10. Election Ca	mpaign Financing Contribution.		May Be to Fees	
11.	OFFICERS AND I	DIRECTORS	12.	ADDITIONS/CHANG	ES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Suarez, Dania 12970 SW 2ND ST. Miami Fl	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSTA, RICARDO 12970 SW 2ND ST MIAMI FL	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Costa, Lois 12970 SW 2ND ST Miami FL	☐ Delete	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		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	true and accurate and that r vered to execute this report	ny signature shall have th as required by Chapter 6	e same legal effect as if ma	ade under oath: that La	ım an officer d	or director	

SIGNATURE:

SIGNATURE AND TYPED OR PENTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-03

(305)638·4B12

Daytime Phone #