## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P97000045255 1. Entity Name **MONTES OIL CORPORATION 2** 05-14-2001 90105 015 \*\*\*150.00 Principal Place of Business Mailing Address 98210 OVERSEAS HIGHWAY P O BOX 2469 KEY LARGO FL 33037 KEY LARGO FL 33037 97333B HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0755064 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTES, EDWARD O Street Address (P.O. Box Number is Not Acceptable) 98210 OVERSEAS HIGHWAY KEY LARGO FL 33037 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE P/D ☐ Delete TITLE NAME MONTES, EDWARD O NAME STREET ADDRESS STREET ADDRESS 98210 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 TITLE Change Addition ☐ Delete VP/D TITLE NAME NAME MONTES, ANTONIO STREET ADDRESS STREET ADDRESS 98210 OVERSEAS HWY CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change ☐ Addition Delete TITLE T/D TITLE NAME NAME MONTES, ALEXANDER J STREET ADDRESS STREET ADDRESS 98210 OVERSEAS HWY CITY-ST-ZIE CITY-ST-ZIP KEY LARGO FL 33037 Change ☐ Addition TITLE Delete TITLE VIZCARRA, ISABEL NAME NAME STREET ADDRESS STREET ADDRESS 98210 OVERSEAS HIGHWAY CITY-ST-7IP CITY-ST-ZIP KEY LARGO\_FL\_33037 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR