

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054696

1. Entity Name

S & B OIL TECHNOLOGY, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90021 011 ***150.00

Principal Place of Business

Mailing Address

500 BAYVIEW DRIVE
SUITE 622
NORTH MIAMI BEACH FL 33160

500 BAYVIEW DRIVE
SUITE 622
NORTH MIAMI BEACH FL 33160-4777

2. Principal Place of Business

500 BAYVIEW DR.

Suite, Apt. #, etc.

SUITE 622

City & State

NORTH MIAMI BEACH, FL

Zip

33160

Country

USA

3. Mailing Address

500 BAYVIEW DR.

Suite, Apt. #, etc.

SUITE 622

City & State

NORTH MIAMI BEACH, FL

Zip

33160

Country

USA

4. FEI Number 65-0762767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BABSKY, GREGORY
500 BAYVIEW DRIVE
SUITE 622
NORTH MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

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 BABSKY GREGORY

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

(NOTE: Registered Agent signature required when reinstating)

05/17/2000
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MOULER, PETER
500 BAYVIEW DR., SUITE 622
NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BABSKY, GREGORY
500 BAYVIEW DR., SUITE 622
NORTH MIAMI BEACH FL 33160 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Moulter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 17 2000
Date

305-9455585
Daytime Phone #

CR2E034 (9/99)