2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State DOCUMENT # P97000085855 1. Entity Name UNIQUE OIL NO. 6, INC. 05-27-2002 90410 019 ***150.00 Principal Place of Business Mailing Address 600 NW 27 AVENUE 12398 SW 82ND AVE FT LAUDERDALE FL 33311 2ND FLOOR MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address 12305 DIVIE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-079 1938 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 GORMAN, LENARD H Street Address (P.O. Box Number is Not Acceptable) 1320 S DIXIE HIGHWAY PENTHOUSE 1275 CORAL GABLES FL 33146 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 FILE NOW!!! FEE IS \$150.00 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 ÝSee criteria on back). Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PVPT** TITLE ☐ Delete TITLE ☐ Addition Change FONTECILLA, CARLOS NAME NAME 12305 S. DIVIE HEWH 12907 SW 103 PL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33176** CITY-ST-ZIP MIAMI FL 33156 TITLE ☐ Delete TITLE ☐ Addition **GUEVARA, MIGUEL** NAME NAME 12305 S. DIXIE HOWY 12398 SW 82ND AVE STREET ADORESS STREET ADDRESS CITY-ST-ZIP ~ MIAMI FL 33156 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGN SIGNATURE:

changed, or on an attachment with an add

Daytime Phone #