

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000097056

1. Entity Name

PETROZONE, INC

Principal Place of Business

Mailing Address

3475 WEST FLAGLER ST.
MIAMI FL 33135

3475 WEST FLAGLER ST.
MIAMI FL 33135-1025

FILED

00 MAR -9 PM 3: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6714 Pines Blvd

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pembroke Pines FL

4. FEI Number

65-0795388

Applied For

Not Applicable

Zip 33024

Country USA

Zip

Country

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

HOLBROOK, FRANCINE D
1600 S. BAYSHORE LN
STE 2B
MIAMI FL 33133

Name MARIA D. SCHLAFKE

Street Address (P.O. Box Number is Not Acceptable)
6714 Pines Blvd

City Pembroke Pines FL

Zip Code 33024

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)

1-17-00

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 VD ☐ Delete
NAME VINAS, SARA L
STREET ADDRESS 3475 WEST FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33135

TITLE Director ☒ Change ☐ Addition
NAME 600003179176-1
STREET ADDRESS -03/22/00-01017-006
CITY-ST-ZIP ****150.00 ****150.00

TITLE VD ☐ Delete
NAME SCHLAFKE, MARIA D
STREET ADDRESS 3475 WEST FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33135

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

TITLE TD ☐ Delete
NAME CRUZ, CLEMENTE J
STREET ADDRESS 19470 N.W. 8 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

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

TITLE SD ☐ Delete
NAME CRUZ, CLEMENTE E
STREET ADDRESS 1224 N.W. 126 ST.
CITY-ST-ZIP SUNRISE FL 33323

TITLE 1526 Tamarind Ct ☒ Change ☐ Addition
NAME Weston, FL 33327
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

Signature and typed name of signing officer or director: Maria D. Schlafke, Vice President

1-17-00

52224204

CR2E034 (9/99)