

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90333 014 ***150.00

DOCUMENT # P97000097056

1. Entity Name

PETROZONE, INC

Principal Place of Business

**6714 PINES BLVD
 PEMBROKE PINES FL 33024**

Mailing Address

**6714 PINES BLVD
 PEMBROKE PINES FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0795388

Applied For

Not Applicable

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

**SCHLAFKE, MARIA D
 6714 PINES BLVD
 PEMBROKE PINES FL 33024**

Name

CLEMENTE E. CRUZ

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

6714 PINES BOULEVARD

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

SECRETARY

(NOTE: Registered Agent signature required when reinstating)

4/12/01

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, 2001 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 | D | <input type="checkbox"/> Delete |
| NAME | VINAS, SARA L | |
| STREET ADDRESS | 3475 WEST FLAGLER ST. | |
| CITY-ST-ZIP | MIAMI FL 33135 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | SCHLAFKE, MARIA D | |
| STREET ADDRESS | 3475 WEST FLAGLER ST. | |
| CITY-ST-ZIP | MIAMI FL 33135 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | CRUZ, CLEMENTE J | |
| STREET ADDRESS | 19470 N.W. 8 ST. | |
| CITY-ST-ZIP | PEMBROKE PINES FL 33029 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | CRUZ, CLEMENTE E | |
| STREET ADDRESS | 1526 TAMURIND CT | |
| CITY-ST-ZIP | WESTON FL 33327 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

CLEMENTE E. CRUZ

Date

4/12/01

Daytime Phone #

(954) 961-5222

CR2E034 (10/00)