

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000097056

FILED
Apr 11, 2002 8:00 AM
Secretary of State

Entity Name: PETROZONE, INC

Current Principal Place of Business:

6714 PINES BLVD
PEMBROKE PINES, FL 33024

New Principal Place of Business:

9000 SHERIDAN STREET
SUITE 136
PEMBROKE PINES, FL 33024

Current Mailing Address:

6714 PINES BLVD
PEMBROKE PINES, FL 33024

New Mailing Address:

9000 SHERIDAN STREET
SUITE 136
PEMBROKE PINES, FL 33024

FEI Number: 65-0795388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, CLEMENTE E
6714 PINES BLVD
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

CRUZ, CLEMENTE E
9000 SHERIDAN STREET
SUITE 136
PEMBROKE PINES, FL 33024 US

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:

04/11/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VINAS, SARA L
Address: 3475 WEST FLAGLER ST.
City-St-Zip: MIAMI, FL 33135

Title: VD (X) Delete
Name: SCHLAFKE, MARIA D
Address: 3475 WEST FLAGLER ST.
City-St-Zip: MIAMI, FL 33135

Title: P () Delete
Name: CRUZ, CLEMENTE J
Address: 19470 N.W. 8 ST.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD () Delete
Name: CRUZ, CLEMENTE E
Address: 1526 TAMARIND CT
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VINAS, SARA L
Address: 6714 PINES BLVD.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CRUZ, CLEMENTE E
Address: 1526 TAMARIND COURT
City-St-Zip: WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLEMENTE E CRUZ

SD

04/11/2002

Electronic Signature of Signing Officer or Director

Date