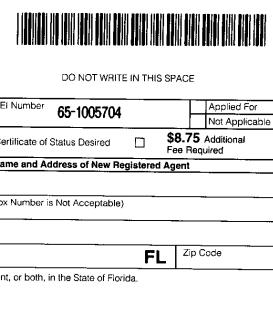
FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State **DOCUMENT #** P97000104054 1. Entity Name 05-27-2002 90365 020 ***150.00 GUN CLUB FUELS, INC.

Mailing Address



12398 S.W. MIAMI FL 33		12398 S.W. 82ND AVE MIAMI FL 33156								
2. Principal	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State		4 . F	4. FEI Number 65-1005704 Applied Fo			Applied For		
Zip	Country	'	Country	5. C	ertificate of	Status Desired		\$8.75 Ac	dditional	
	6. Name and Address of Current R	egistered Agent		7. N	ame and Ac	Idress of New Re	gistere	d Agent		
CODMAN	: LENADO LI		Name						<u></u>	
1320 SO	i, lenard h Uth dixie hwy		Street Address ((P.O. Box Number is Not Acceptable)				
	USE 1275 Gables FL 33146		City			10		Zip Coo		
9 The above	a named antity submits this state and the			 -		F	L 2 5 000			
o. The above	e named entity submits this statement for t	the purpose of changing its reg	istered office or re	egistered age	nt, or both, i	n the State of Flor	ida.			
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Reg	gistered Agent signature	required when rein	nstating)		DATE	<u> </u>		
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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		0.00		n Campaign Fina fund Contribution	~		00 May Be	
11.	OFFICERS AND D	1								
TITLE	D	Delete	TITLE	ADL	THONS/CH.	ANGES TO OFFIC	CERS AN			
NAME	FONTECILLA, ISABEL	Delete	NAME					☐ Change	☐ Addition	
STREET ADDRESS	12398 S.W. 82ND AVE		STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST-ZIP							
TITLE	PST	☐ Delete	TITLE I	x P, S, T	- "''	-		Change	Addition	
NAME	FONTECILLA, CARLOS		NAME		_	Hawy		- K		
STREET ADDRESS	12398 S.W. 82ND AVE		1	2 <i>3661</i>	? DIKIE	HGWY				
CITY-ST-ZIP	MIAMI FL 33156	_ .	CITY-ST-ZIP							
TITLE .		☐ Delete	TITLE					☐ Change	☐ Addition	
STREET ADDRESS			NAME							
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE			TITLE		·	4		[7] Observe		
NAME			NAME					☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME CIRCET ADDRESS			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS							
			CITY-ST-ZIP					- <u>-</u>		
TITLE NAME			TITLE					Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			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:

Principal Place of Business

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #