

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90083 041 ***150.00

DOCUMENT # P97000108121

1. Entity Name
21ST CENTURY PETROLEUM, INC.

Principal Place of Business
1601 NORTHWEST 119TH STREET
MIAMI FL 33167

Mailing Address
1601 NORTHWEST 119TH STREET
MIAMI FL 33167



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2401 N.W. 30th Ave.

2401 N.W. 30th Ave.

City & State
 Miami FL

City & State
 Miami FL

Zip
 33142

Country

Zip
 33142

Country

4. FEI Number 65-0801246

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

PEQUENO, THOMAS
1601 NW 119 ST.
N. MIAMI FL 33167

Name
 Pequeno, Tomas
 Street Address (P.O. Box Number is Not Acceptable)

2401 N.W. 30th Ave.
 City
 Miami FL Zip Code
 33142

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 _____ (NOTE: Registered Agent signature required when reinstating) **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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME PEQUENO, THOMAS
STREET ADDRESS 1601 NORTHWEST 119TH STREET
CITY-ST-ZIP MIAMI FL 33167

TITLE PSTD ☒ Change ☐ Addition
NAME Pequeno, Tomas
STREET ADDRESS 2401 N.W. 30th Ave.
CITY-ST-ZIP Miami, FL 33142

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
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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: ☒ *Thomas Pequeno*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☒ *3/4/02*
 Date Daytime Phone #

CR2E034 (9/01)