

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90054 013 ***150.00

DOCUMENT # P98000001173

1. Entity Name
FENIX OIL CORPORATION

Principal Place of Business

**406 S.W. 1ST STREET
 FLORIDA CITY FL 33034**

Mailing Address

**2588 S.W. 27TH AVE
 MIAMI FL 33133**



2. Principal Place of Business

2588 SW 27th Ave.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number **65-0839333**

Applied For
 Not Applicable

Zip

Country

33133

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CRUZ, ALBERTO
 406 S.W. 1ST STREET
 FLORIDA CITY FL 33034**

→ New address →

7. Name and Address of New Registered Agent

Name

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

2588 SW 27th Ave.

City

MIAMI

FL

Zip Code

33133

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)

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
 Trust Fund Contribution. ☐

\$5:00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
 NAME **CRUZ, GUADALUPE**
 STREET ADDRESS **406 S.W. 1ST STREET**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **PVTD** ☐ Delete
 NAME **CRUZ, ALBERTO**
 STREET ADDRESS **406 S.W. 1ST STREET**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2588 SW 27th Ave.**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☒ Change ☐ Addition
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 STREET ADDRESS **2588 SW 27th Ave.**
 CITY-ST-ZIP **MIAMI, FL 33133**

TITLE ☐ Change ☐ Addition
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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: **GUADALUPE CRUZ** REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02
 Date

305-743-0558
 Daytime Phone #

CR2E034 (9/01)