

2000 UNIFORM BUSINESS REPORT (UBR)

5/3

FILED
May 31, 2000 8:00 am
Secretary of State

05-03-2000 90072 039 ***150.00

DOCUMENT # P98000012124

1. Entity Name

PETROSYSTEMS, INC.

Principal Place of Business

500 NE 56TH ST
 MIAMI FL 33137-2623

Mailing Address

500 NE 56TH ST
 MIAMI FL 33137-2623

2. Principal Place of Business

110 Merrick Way
 Suite, Apt. #, etc. 2B

3. Mailing Address

110 Merrick Way
 Suite, Apt. #, etc. 2B

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

DS

Zip

33134

Country

DS

4. FEI Number

65-0814255

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KING, ANTHONY
 500 NE 56TH ST
 MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

King, Anthony

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

560 NE 56th St

City

Miami FL 33137

FL

Zip Code

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	KING, ANTHONY	
STREET ADDRESS	500 NE 56TH ST	
CITY-ST-ZIP	MIAMI FL 33137	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	King, Anthony	
STREET ADDRESS	500 NE 56th St	
CITY-ST-ZIP	Miami FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

5/24/00

Date

Daytime Phone #

CR2E034 (9/99)