

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000016210

1. Entity Name

PETROZONE OF DAVIE, INC.

FILED

00 MAR -9 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

3475 WEST FLAGLER ST.
MIAMI FL 33135

3475 WEST FLAGLER ST.
MIAMI FL 33135-1025

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0812417

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

SCHLAFRE, MARIA S
3475 W EAGLER ST
MIAMI FL 33135

Name

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

City

MARIA D SCHLAFKE

6714 PINES BLVD

City

Pembroke Pines

FL

Zip Code

33024

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME VIRAS, SARA
STREET ADDRESS 3475 W EAGLES ST
CITY-ST-ZIP MIAMI FL 33135

☐ Delete

TITLE VP
NAME SCHLAFKE, MARIA D
STREET ADDRESS 3475 WEST FLAGLER ST.
CITY-ST-ZIP MIAMI FL 33135

☐ Delete

TITLE P
NAME CRUZ, CLEMENTE J
STREET ADDRESS 19470 N.W. 8 ST.
CITY-ST-ZIP PEMBROKE PINES FL 33029

☐ Delete

TITLE S
NAME CRUZ, CLEMENTE E
STREET ADDRESS 1224 N.W. 126 ST.
CITY-ST-ZIP SUNRISE FL 33323

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME VINAS, SARA

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

Signature and typed or printed name of signing officer or director

1-17-00

954961

52224204

CR20014 (3/9/01)