

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90065 047 ***150.00

DOCUMENT # P98000052735

1. Entity Name

HYDROCARBON SPILLS SOLUTION, CORP.



Principal Place of Business

**3554 COCO LAKE DRIVE
COCONUT CREEK FL 33073**

Mailing Address

**3554 COCO LAKE DRIVE
COCONUT CREEK FL 33073**

2. Principal Place of Business

8466 NW 72 ST

Suite, Apt. #, etc.

3. Mailing Address

8466 NW 72 ST

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

65-0843038

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHARKEY, LISA
3554 COCO LAKE DRIVE
COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

Denis Sharkey

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

8466 NW 72 ST

City

MIAMI

FL

Zip Code

33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SHARKEY, LISA	
STREET ADDRESS	3554 COCO LAKE DRIVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SHARKEY, DENIS R	
STREET ADDRESS	3554 COCO LAKE DRIVE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SHARKEY, VIVIANO O	
STREET ADDRESS	3554 COCO LAKE DR	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3827 TURTLE RUN APT 2623	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3827 TURTLE RUN APT 2623	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3827 TURTLE RUN APT 2623	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

M A S
PO BOX 771210
Coral Springs, Fl. 33077-1210
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

80134154
P98000052735

07/29/03

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: Hydrocarbon Spills Solution, Corp.
Doc # P98000052735

To Whom It May Concern:

We are enclosing a copy of the application for corporate reinstatement for our client, Hydrocarbon Spills Solution, Corp.

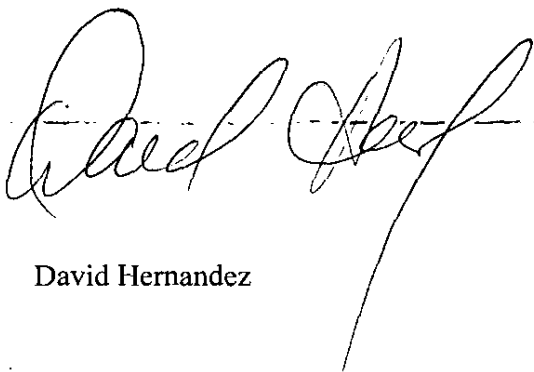
We are providing a check for the filing and have not included the penalty due to the taxpayer having moved and the forwarding from the postal service had not been forwarded. The second notice was then forwarded by the postal service.

Therefore we are requesting reinstatement on behalf of Hydrocarbon Spills Solution, Corp. based on change of address and not having received the 2003 UBR form the Department of State.

We have also advised the client the form must be filed before April 30 of each year and to file promptly in future years.

Should you have any questions, please contact my office.

Thank you,
Sincerely,



David Hernandez