

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000058103**

1. Entity Name

**NORTHEAST PETROLEUM ENTERPRISES, INC.**

Principal Place of Business

**STUART CHEVRON  
2648 N.W. FEDERAL HIGHWAY  
STUART FL 34994**

Mailing Address

**7597 LA CORNICHE CIRCLE  
BOCA RATON FL 33433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ROGER M. POMERANCE, P.A.  
1900 NW CORPORATE BLVD, SUITE 201E, E BLDG  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

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

City

**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, 2001 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 **DP** ☐ Delete  
NAME **KLEOPA, KLEOPAS**  
STREET ADDRESS **7597 LA CORNICHE CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33433**TITLE **VDS** ☐ Delete  
NAME **TALBOTT, GREG**  
STREET ADDRESS **111 EAST BOCA RATON ROAD**  
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE **VPAS** ☐ Delete  
NAME **KLEOPA, MICHAEL**  
STREET ADDRESS **531 KAY TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE **SV** ☐ Delete  
NAME **KLEOPA, ANDREA**  
STREET ADDRESS **7597 LA CORNICHE CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90053 049 \*\*\*150.00

**602102**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)