

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092914

1. Entity Name

OILFIELDS & INDUSTRIAL SUPPLIES, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90879 020 ***158.75

Principal Place of Business

801 BRICKELL AVENUE
SUITE 220
MIAMI, FL 33131

Mailing Address

801 BRICKELL AVENUE
SUITE 220
MIAMI, FL 33131

2. Principal Place of Business

801 BRICKELL AVENUE

3. Mailing Address

801 BRICKELL AVENUE

Suite, Apt. #, etc.

220

Suite, Apt. #, etc.

220

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

DADE

Zip

33131

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0901395

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LORA, CARLOS
4400 FOX RIDGE DR
WESTON FL 33331

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTS
LORA, CARLOS
4400 FOX RIDGE DR
WESTON FL 33331

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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 #

4/28/00 305 3732007

CR2E034 (9/99)