

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000006685

1. Entity Name

Paz oil corporation.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90027 042 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

600 PALM AVE.

PO BOX 2804.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HIALEAH FL

City & State
MIAMI FL

Zip

Country

Zip

Country

33010

USA.

33116

USA.

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

Name

FRANK DELAPAZ.

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

600 PALM AVE SUITE C.

City

HIALEAH

FL

Zip Code

33010

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

FRANK DELAPAZ Pres 4/26/2000.

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

PD

☐ Delete

NAME

FRANK DELAPAZ.

STREET ADDRESS

600 PALM AVE SUITE C.

CITY-ST-ZIP

HIALEAH FL 33010

TITLE

☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ 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 #

FRANK DELAPAZ Pres. 4/26/2000 305-887-1114

CR2E034 (9/99)