

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90098 010 \*\*\*158.75

**DOCUMENT # P99000016359**

1. Entity Name  
**PETROLEUM ENTERPRISES, INC.**

Principal Place of Business

2401 N.W. 30 AVE.  
 MIAMI FL 33142

Mailing Address

2401 N.W. 30 AVE.  
 MIAMI FL 33142

2. Principal Place of Business

5688 W. FLAGLER ST.

3. Mailing Address

5688 W. FLAGLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL

4. FEI Number

65-0920532

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, STEVE  
 2401 NW 30TH AVE  
 MIAMI FL 33142

7. Name and Address of New Registered Agent

Name: **JOEL RODRIGUEZ**

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

5688 W. FLAGLER ST.

City: **MIAMI**

FL

Zip Code: **33134**

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

**JOEL RODRIGUEZ**

**1/15/02**

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, 2002 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          | <b>P</b>                  | <input type="checkbox"/> Delete            |
| NAME           | <b>RODRIGUEZ, JOEL</b>    |  |
| STREET ADDRESS | <b>2401 N.W. 30 AVE.</b>  |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33142</b>     |  |
| TITLE          | <b>V</b>                  | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>COSTA, LUIS</b>        |  |
| STREET ADDRESS | <b>2401 N.W. 30 AVE.</b>  |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33142</b>     |  |
| TITLE          | <b>S</b>                  | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>JOHNSTON, STEVEN W</b> |  |
| STREET ADDRESS | <b>2401 N.W. 30 AVE.</b>  |  |
| CITY-ST-ZIP    | <b>MIAMI FL 33142</b>     |  |
| 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    |                           |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>P</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>RODRIGUEZ, JOEL</b>     |  |
| STREET ADDRESS | <b>5688 W. FLAGLER ST.</b> |  |
| CITY-ST-ZIP    | <b>MIAMI, FL 33134</b>     |  |
| 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    |                            |  |
| TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> 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: **X [Signature]**

SIGNATURE REQUIRED **JOEL RODRIGUEZ**

**1/11/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)