

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017518

1. Entity Name

GENERAL OIL PRODUCTS CORPORATION

Principal Place of Business

8391 NW 64TH ST
MIAMI FL 33166

Mailing Address

8391 NW 64TH ST
MIAMI FL 33166-2601

2. Principal Place of Business

8318 N.W 68 ST

Suite, Apt. #, etc.

3. Mailing Address

8318 N.W 68 ST

Suite, Apt. #, etc.

MIAMI FL

City & State

MIAMI FL

City & State

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

N/A

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSILLO, FRANK
8405 NW 53RD ST., SUITE A205
MIAMI FL 33166

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	D	<input type="checkbox"/> Delete
NAME	CUMARE, HENRY	
STREET ADDRESS	17500 NW 67TH PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, IVAN	
STREET ADDRESS	ZONA INDUSTRIAL CALLE 139 #62-175 APT 1238	
CITY-ST-ZIP	PARCELA C26 MARACAIBO VEN.	
TITLE	D	<input type="checkbox"/> Delete
NAME	URDANETA, NELSON	
STREET ADDRESS	ZONA INDUSTRIAL CALLE 139 #62-175 APT 1238	
CITY-ST-ZIP	PARCELA C26 MARACAIBO VEN.	
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		<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
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STREET ADDRESS		
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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:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-28-2000

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

05-17-2000 90869 025 ***150.00

954755



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)