

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000045463**

1. Entity Name

CEDARS OIL, INC.**FILED**
Jun 25, 2001 8:00 am
Secretary of State

04-12-2001 90045 011 ***150.00

Principal Place of Business

**6721 NORTHWEST 36TH AVENUE
MIAMI FL 33147**

Mailing Address

**6721 NORTHWEST 36TH AVENUE
MIAMI FL 33147**

2. Principal Place of Business

10 NW 167 ST

Suite, Apt. #, etc.

3. Mailing Address

10 W.W 167 ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Miami Beach - FL

City & State

N. Miami Beach - FL4. FEI Number **65-0931872**

Applied For

Not Applicable

Zip

33169

Country

USA

Zip

33169

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box is not acceptable)

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 fee 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	PD	<input type="checkbox"/> Delete
NAME	KALIL, ABDALA	
STREET ADDRESS	10 NW 167 ST	
CITY-ST-ZIP	N MIAMI BEACH FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAMMAL, MICHAEL	
STREET ADDRESS	6721 NORTHWEST 36TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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
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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)(l), 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 #

CR2E034 (10/00)