

2000 UNIFORM BUSINESS REPORT (UBR)

1/22/00-90067-048-\$150.00-\$150.00

DOCUMENT # P99000069516

1. Entity Name

EWING OIL II, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -7 AM 11:51

00005503



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6405 NW 36 STREET, SUITE 117 MIAMI FL 33166	Mailing Address 6405 NW 36 STREET, SUITE 117 MIAMI FL 33166-6977
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0941402	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAPOTE, RICHARD
6405 NW 36 STREET, SUITE 117
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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SOSA, SABINO	
STREET ADDRESS	3101 SW 102 AVENUE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAPOTE, PEDRO	
STREET ADDRESS	6405 NW 36 STREET, SUITE 117	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAPOTE, JUAN C	
STREET ADDRESS	6405 NW 36 STREET, SUITE 117	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPOTE, RICHARD	
STREET ADDRESS	6405 NW 36 STREET, SUITE 117	
CITY-ST-ZIP	MIAMI FL 33166	
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
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	
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: _____ Date: 1-12-00 Daytime Phone #: 305-871-4708

CR2E034 (9/99)