

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077824

1. Entity Name

PETRO LOGISTICS, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90010 018 \*\*\*150.00

Principal Place of Business

Mailing Address

100 N. BISCAYNE BLVD., SUITE 2608  
 MIAMI FL 33132

100 N. BISCAYNE BLVD., SUITE 2608  
 MIAMI FL 33132-2906

2. Principal Place of Business

3. Mailing Address

780 NW 42ND AVENUE

780 NW 42ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#617

#617

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA,

4. FEI Number

65-0953665

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

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

BERGER, DAVID S  
 100 N. BISCAYNE BLVD., SUITE 2608  
 MIAMI FL 33132

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<del>PTD</del>	<input checked="" type="checkbox"/> Delete
NAME	WELLINGTON, NICOLAS	
STREET ADDRESS	% 100 N. BISCAYNE BLVD., #2608	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DE NORONHA, SILVIO J	
STREET ADDRESS	% 100 N. BISCAYNE BLVD., #2608	
CITY-ST-ZIP	MIAMI FL 33132	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT/TREASURER	<input type="checkbox"/> Change <input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)