

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90244 026 ***150.00

DOCUMENT # P99000077824

1. Entity Name
PETRO LOGISTICS, INC.



Principal Place of Business

~~782 NW 42 AVENUE~~
~~SUITE #430~~
~~MIAMI FL 33126~~

Mailing Address

~~305 GALEN DRIVE~~
~~#319~~
~~KEY BISCAYNE FL 33149~~



2. Principal Place of Business

3130 BIRD AVENUE
Suite, Apt. #, etc.
#14

3. Mailing Address

3130 BIRD AVENUE
Suite, Apt. #, etc.
#14

City & State

MIAMI FL,

City & State

MIAMI FL,

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0953665

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **DE NORONHA, SILVIO J**
STREET ADDRESS **% 100 N. BISCAYNE BLVD., #2608**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Delete
NAME **MARANHAO, PAULO F**
STREET ADDRESS **AV. SERNAMBETTBE, 6900/323 B1.2**
CITY-ST-ZIP **RIO DE JANEIRO, BRAZIL RJ**

TITLE **VP** ☐ Delete
NAME **EMATNE, LUIZ E**
STREET ADDRESS **AV. DAS AMERICAS 4200, SL 514 B1.4**
CITY-ST-ZIP **RIO DE JANEIRO, BRAZIL RJ**

TITLE **STD** ☐ Delete
NAME **VARGAS, ANTONIO C**
STREET ADDRESS **305 GALEN DRIVE #319**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3130 BIRD AVENUE #14**
CITY-ST-ZIP **MIAMI FL, 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Antonio C. Vargas 3/20/03

Date

Daytime Phone #

CR2E034 (10/02)