DOCUMENT # P9900079465 1. Entity Name CRUZ PETROLEUM COMPANY					May 10, 2001 8:00 am Secretary of State 05-10-2001 90083 034 ***150.00			
Principal Plac	ce of Business	Mailing Address						
205 LAKE WILSON ROAD DAVENPORT FL		6205 LAKE WILSON ROAD DAVENPORT FL			548217			
2. Principal F	Place of Business	3. Mailing Address 15751 Sheridan Street						
Suite, Apt.	#, etc.	Suite, Apt. #, etc. #206			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State DAVIE FLORIDA			4. FEI Number 59	-3597050	— ———	plied For
Zip	Country	Zip 33331	Country		5. Certificate of Statu	s Desired	\$8.75 Add	
	6. Name and Address of Current				7. Name and Addres	s of New Registered		
CRUZ, LICINIO 2337 BAESEL VIEW DR ORLANDO FL 32835					ne O. Box Nymber is Not NW L OKE Pines	Acceptable)		01
Tax filing	Signature, typed or printed name of registered agent a poration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!	E: Registered Agent signated III FEE IS \$150.000 Fee will be \$50 fee to Department	00 550.00	10. Election Ca	DATE mpaign Financing Contribution.	\$5.00	O May Be to Fees
11.	OFFICERS AND	DIRECTORS	12.	···	ADDITIONS/CHANG	ES TO OFFICERS AN	ND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, LICINIO SR. 2337 BAESEL VIEW DRIVE ORLANDO FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1290 Pem	II NW 15 broke fr	it street	□ Change + #10 33037	• 1 •
TITLE NAME Street address City-St-Zip	D CRUZ, LICINIO JR. 2337 BAESEL VIEW DRIVE ORLANDO FL 32835	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREE AME TREET ADDRESS 12991 N.W. 15+5+#101				Addition
TITLE NAME Street address City-St-Zip	D CRUZ, PAULO 2337 BAESEL VIEW DRIVE ORLANDO FL 32835	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1299 Pem	broke fix	+ s+ #1	□ Change 0.1——— 33 <i>02</i> 8	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			3	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS DITY-ST-ZIP	certify that the information supplied with on this report or supplemental report is	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition

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.

2001 UNIFORM BUSINESS REPORT (UBR)