2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P99000082100 1. Entity Name HRJ OIL MANAGEMENT, INC. 01-20-2000 90109 005 ***158.75 Mailing Address Principal Place of Business 1755 SEMORAN BOULEVARD 1755 SEMORAN BOULEVARD WINTER PARK FL 32792-2248 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable. \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JANUARIO FELIZOLA FILHO AMARAL, JOSE RICARDO V Street Address (P.O. Box Number is Not Acceptable) 1755 SEMORAN BOULEVARD WINTER PARK FL 32792 SEMORAN BOULENARD rpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub this statement for Me (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees П Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE PJS ☐ Addition TITLE Delete FELIZOLA, JAWUARIO 1755 SEMORAN GOULENARD FELIZOLA, JANUARIO NAME NAME STREET ADDRESS 7654 SUGAR BEND DRIVE STREET ADDRESS WINFER PARK, FL 32819 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition ☐ Delete TITLE TITLE AMARAL, JOSE R. V. AMARAL, JOSE RICARCO V NAME 755 SEMORAN BOULEVARD STREET ADDRESS 1755 SEMORAN BOULEVARD STREET ADDRESS CITY-ST-ZIP WINTER PARK-FL-32792-CITY-ST-ZIP ☐ Addition **X** Delete TITLE DE MAGALHAES, HUMBERTO Y NAME NAME STREET ADDRESS STREET ADDRESS 9136 DOLLANGER COURT CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Ωelete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change _ Addition ☐ Delete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an appears, with all other kind empowered.