

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092952

1. Entity Name

TRICO VI PETROLEUM, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90240 001 *1,500.00

Principal Place of Business

Mailing Address

1701 SW 12 AVE
 BOCA RATON FL 33486

1701 SW 12 AVE
 BOCA RATON FL 33433-3406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
**7284 W. Palmetto Park Road
 Suite 101 South**

**7284 W. Palmetto Park Road
 Suite 101 South
 Boca Raton, FL 33433**

City & State
Boca Raton, FL 33433

City & State

4. FEI Number

65-0974438

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAFERI, ALI M
 1701 SW 12 AVE
 BOCA RATON FL 33486**

Name

Jafari Ali M

Street Address (Post Office Box is Not Acceptable)

**7284 W. Palmetto Park Road
 Suite 101 South
 Boca Raton, FL 33433**

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	D	<input type="checkbox"/> Delete
NAME	JAFERI, ALI M	
STREET ADDRESS	1701 SW 12 AVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)