2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90319 022 ***150.00

DOCUMENT # P99000104522

1. Entity Name

PETRO NATION U.S.A., INC.

Principal Place of Business	Mailing Address
~~2500 PARKVIEW DR. SUITE #2411 HALLANDALE FL 33009~~	~~2500 PARKVIEW DR. SUITE #2411 HALLANDALE FL 33009~~

2. Principal Place of Business		3. Mailing Address	
4766 S.W. Bimini Circle S.		4766 S.W. Bimini Circle S.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Plam City, FL.		City & State: Palm City, FL.	
Zip: 34990	Country: U.S.A.	Zip: 34990	Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1008700 ☐ Applied For ☐ Not Applicable

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
~~JIMENEZ, ALEXIS 2500 PARKVIEW DR. SUITE #2411 HALLANDALE FL 33009~~	Name: Jimenez, Alexis Street Address (P.O. Box Number is Not Acceptable): 4766 S.W. Bimini Circle S. City: Palm City, FL Zip Code: 34990

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] Alexis Jimenez, Pres. 4/13/01
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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P JIMENEZ, ALEXIS 2500 PARKVIEW DR, #2411 HALLANDALE FL 33009~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jimenez, Alexis 4766 S.W. Bimini Circle S. Palm City, FL. 34990 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] Alexis Jimenez 4/13/01 (305) 389-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)