FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
05-30-2002 91587 017 ***150.00

DOCUMENT # P99000111567

1. Entity Name
GOOD WAY OIL 902, Corporation.

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2. Principal Place of Business: 810 S. Dixie Hwy Suite, Apt. #, etc.	3. Mailing Address: 22272 ALYSSUM WAY Suite, Apt. #, etc.
City & State: Lantana FL.	City & State: Boca Raton FL
Zip: 33462 Country: P. Beach.	Zip: 33433 Country: P. Beach

4. FEI Number: 65-0971191 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ELI Buzaglo
Street Address (P.O. Box Number is Not Acceptable): 22272 ALYSSUM WAY
City: Boca Raton. **FL** Zip Code: 33433

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] ELI Buzaglo, Pres. DATE: 5/20/02.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Pres.	TITLE	
NAME	ELI Buzaglo	NAME	
STREET ADDRESS	22272 ALYSSUM WAY	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33433.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ELI Buzaglo, Pres 5/20/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #