

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91424 042 \*\*\*150.00

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**DOCUMENT # S46843**

1. Entity Name  
**PETROLEA OIL CORP.**



Principal Place of Business  
**9400 SOUTH DADELAND BLVD.  
PH-3  
MIAMI FL 33156**

Mailing Address  
**9400 SOUTH DADELAND BLVD.  
PH-3  
MIAMI FL 33156**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0257496**

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

**ABRAMS, DAVID S  
9400 SOUTH DADELAND BLVD.  
PH-3  
MIAMI FL 33156**

Name **VIRGILIO A GUMA**  
Street Address (P.O. Box Number is Not Acceptable)  
**9400 S. DADELAND BLVD  
PH 3**  
City **MIAMI FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**  Delete  
NAME **ARELLANO, JOSE M**  
STREET ADDRESS **9400 S. DADELAND BLVD.**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VD**  Delete  
NAME **GUMA, VIRGILIA**  
STREET ADDRESS **9400 S. DADELAND BLVD.**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  Change  Addition  
NAME **ARELLANO, JOSE M**  
STREET ADDRESS **9400 S. DADELAND BLVD**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VD**  Change  Addition  
NAME **GUMA, VIRGILIO**  
STREET ADDRESS **9400 S. DADELAND BLVD**  
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 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 #

05/05/2003 11:02