

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98305

1. Entity Name

PETROLEUM TECHNICAL SERVICES, INC.

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90096 049 ***150.00

Principal Place of Business

7050 SW 86TH AVE
SUITE 2
MIAMI FL 33143
US

Mailing Address

7050 SW 86TH AVE
SUITE 2
MIAMI FL 33143
US

2. Principal Place of Business

10811 SW 188 ST

3. Mailing Address

SAME

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

SAME

City & State

FLORIDA

City & State

FLORIDA

4. FEI Number

65-0299006

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

SAME

Country

SAME

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

WATSON, JILAYNE D
7454 S W 48TH ST
MIAMI FL 33155

Name

JOHN WATSON

Street Address (P.O. Box Number is Not Acceptable)

10811 SW 188 STREET

City

MIAMI

FL

Zip Code

33157

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

John A. Watson 4/30/01

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/01

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 ☐ Delete
NAME D
STREET ADDRESS WATSON, JILAYNE D
CITY-ST-ZIP 7050 SW 86TH AVE, #2
MIAMI FL 33013

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John A. Watson President 4/30/01 305 666-3966

CR2E034 (10/00)