2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

City & State

Zip

DOCUMENT # V14585

1. Entity Name

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SOUTH FLORIDA PETROLEUM DEVELOPERS, INC.

Country

SCHITZER, GERALD S

GSS ADVISORY SERVICES, INC 2455 E SUNRISE BLVD #502 FT LAUDERDALE FL 33304

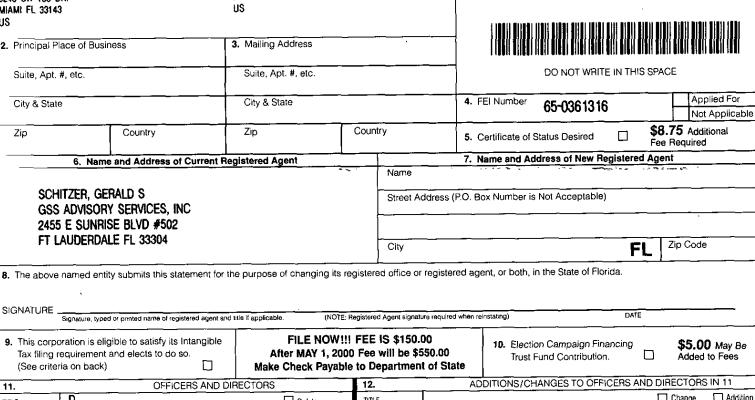
Mailing Address Principal Place of Business 8240 SW 150 DR JANICE ROBINSON-SANDS MIAMI FL 33158-1952 8240 SW 150 DR. MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address

6. Name and Address of Current Registered Agent

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

FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90218 021 ***150.00



FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Change Delete SANDS, JANICE R NAME NAME STREET ADDRESS 8240 SW 150 DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33158** ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

Country

Name

City

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: