

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90065 005 ***150.00

0257216

DOCUMENT # V24054

1. Entity Name

PETROPAC HOLDINGS, INC.

Principal Place of Business

**2701 REESE ROAD
 DAVIE FL 33314
 US**

Mailing Address

**2701 REESE ROAD
 DAVIE FL 33314
 US**

972546



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0335046

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name

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

City

FL

Zip Code

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, 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 **D.P.CEO** ☐ Delete
 NAME **WYNNE, JAMES A., III**
 STREET ADDRESS **6480 MIAMI LAKES DR.**
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **VP** ☒ Change ☒ Addition
 NAME **BENNETT, JEFFREY**
 STREET ADDRESS **11150 SANTA MONICA BLVD. SUITE 1200**
 CITY-ST-ZIP **LOS ANGELES, CA 90025**

TITLE **VP** ☒ Delete
 NAME **SAYMAN, BURT**
 STREET ADDRESS **4001 SW 47 AVENUE, SUITE 213**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **STD** ☐ Change ☒ Addition
 NAME **MCGOLDRICK, MARK**
 STREET ADDRESS **ONE BANK BOSTON PLAZA SUITE 1600**
 CITY-ST-ZIP **PROVIDENCE, RI 02903**

TITLE ☐ Delete
 NAME **WONG, DAVID**
 STREET ADDRESS **11150 SANTA MONICA BLVD SUITE 1200**
 CITY-ST-ZIP **LOS ANGELES, CA 90025**

TITLE **D** ☐ Change ☒ Addition
 NAME **LAURENCE, CHRISTOPHER**
 STREET ADDRESS **11150 SANTA MONICA BLVD. SUITE 1200**
 CITY-ST-ZIP **LOS ANGELES, CA 90025**

TITLE ☐ Delete
 NAME **ROSENBAUM, STANLEY G.**
 STREET ADDRESS **2701 REESE RD.**
 CITY-ST-ZIP **DAVIE, FL 33314**

TITLE **CFO** ☐ Change ☒ Addition
 NAME **ROSENBAUM, STANLEY G.**
 STREET ADDRESS **2701 REESE RD.**
 CITY-ST-ZIP **DAVIE, FL 33314**

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

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

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

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

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:

STANLEY G. ROSENBAUM VP/CFO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 954-583-0548

CR2E034 (10/00)