2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 24, 2000 8:00 am Secretary of State **DOCUMENT # V69455** 1. Entity Name BAMCO VI. INC. 03-24-2000 90061 032 ***150.00 Mailing Address Principal Place of Business BAMCO PETROLEUM INC % SHERIDAN MOBIL 115 N CORTEZ DRIVE CIRCLE G 2730 SHERIDAN STREET MARGATE FL 33068-1949 HOLLYWOOD FL 33020 BAMGO V 2. Principal Place of Business 3. Mailing Address 1492 E BROWAR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0367767 LANDERDALE Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANGNITZ, BERNIE Street Address (P.O. Box Number is Not Acceptable) 2333 NORTH STATE RD 7 STE E 1492 E BROWARD BLVD MARGATE FL 33063 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **DPS** TITI F TITLE Delete IGEL T. FRANCO NAME MANGNITZ, BERNIE NAME 2 E. BROWARD BLVD. STREET ADDRESS STREET ADDRESS 2730 NE 30TH AVE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL Defete TITLE TITLE PTSD NAME ary heven franc NAME MANGNITZ, BERNIE STREET ADDRESS 492 E. BROWARD STREET ADDRESS 2333 N STATE RD 7, STE E CITY-ST-7IP CITY-ST-ZIP MARGATE FL 33063 Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIDE TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR