

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90325 004 ***150.00

DOCUMENT # P01000083462
1. Entity Name
SHAHARA PETROLEUM INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8490 NW 44 Street Suite, Apt. #, etc.	3. Mailing Address 8490 NW 44 Street Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State Sunrise, FL	City & State Sunrise, FL	4. FEI Number 65-1133275	Applied For Not Applicable
Zip 33351	Country Broward	Zip 33351	Country Broward
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
SHEIKHFARID M. ABDULFATTAH
Street Address (P.O. Box Number is Not Acceptable)
8490 NW 44 Street,
SUNRISE,
City
FL Zip Code
33351

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 *Sheikhat* **SHEIKHFARID ABDULFATTAH - PRESIDENT** DATE **3/8/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SHEIKHFARID M. ABDULFATTAH 103 Belmont lane North lauderdale, FL-33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SURAIYA MUSTAFA 114 Colly way North lauderdale, FL-33068	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.
SIGNATURE: *Sheikhat* **SHEIKHFARID ABDULFATTAH - PRESIDENT** DATE **3/8/02** DAYTIME PHONE # **954-572-6141**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #