FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

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

1. Entity N	AHARA PETROLE	_			05-27-20		130.00
	DO NOT WRITE	IN THIS S	PACE				
2. Principa	Place of Business NW 44 Street	3. Mailing Address		L			,
	ot. #, etc.	Suite, Apt. #, etc.	4 STIRE	<u>. F</u>	DO NOT WO	TE IN THIS SPA	
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Sunr	<u>~</u> :	City & State Sunrise F	L		1. FEI Number 65 - 1133275		Applied For
Zip	Country	^{Zip} 33351	Country	. [7	. Certificate of Status Desired	□ \$8	Not Applicable 3.75 Additional
3335	1 Broward	33351	Browe	ur Ø		Fee	Required
			Nan	ne .	Name and Address of Current		
	DO-NOT-WI	RITE-	<u>.</u>	HEIKH	FARID M. AB	DULE	ATTAH
			8	490 N	Box Number is Not Acceptable W 44 5treet	م میلید و ش	
	in this sp	ACE		JNRIŠI			
			City	ار نگارگا کا		EL J	Zio Code
8. The abov	e named entity submits this statement for	the oursess of changing its				<u> FL</u>	33351
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نو	(Shaladtad) Curren					, ,	
SIGNATURE	SHEIRHI	FARID ABDULFA	MAH -	PRESIDE	PNT	3/8/6	12_
SIGNATURE	Signature, typed or printed name of registered egent an		FIAH — E: Registered Agent si	<u></u>		3/8/6 DATE	12.
9. This corp	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible	nd title if applicable. (NOTI	: Registered Agent si	grature required when	reinstating)	DATE	
9. This corp	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	January 1 - W After May Amendee	Registered Agent at lay 1 Fee is \$ 1, Fee is \$550 1 UBR is \$61.	mature required when 150.00 1.00		DATE	\$5.00 May Be
9. This corp Tax filing (See crite	Signature, typed or printed name of registered egent an oration is eligible to satisfy its Intangible requirement and elects to do so. tria on back)	January 1 - M January 1 - M After May Amende Make Check Payab	Registered Agent at lay 1 Fee is \$ 1, Fee is \$550 1 UBR is \$61.	mature required when 150.00 1.00	10. Election Campaign Fin	DATE	
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I nereby 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 on an

SIGNATURE:

SHEIRHFARID ABBULFATTAH - PRESIDENT

954-572-6141