

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90015 036 ***150.00

DOCUMENT # P96000039136

1. Entity Name
606 FEDERAL PETROLEUM CORP.

Principal Place of Business
**606 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33304**

Mailing Address
**606 NORTH FEDERAL HIGHWAY
 FORT LAUDERDALE FL 33304**

2. Principal Place of Business
1601 N. ST RD 7

3. Mailing Address
~~606 FEDERAL PETROLEUM CORP~~

Suite, Apt. #, etc.
LAUDERHILL

City & State
FL - 33313

Zip Country
 Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0664514** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**RAO, RAMESH
 606 N.E. 6TH STREET
 FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent
 Name **ALTAF AHMED**
 Street Address (P.O. Box Number is Not Acceptable)
1601 N. ST RD 7
 City **LAUDERHILL FL** Zip Code **33313**

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 DATE _____
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.
 (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAO, RAMESH 606 NE 6TH STREET FORT LAUDERDALE FL 33304 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MERLY RAO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 606 NE 6ST. FORT LAUDERDALE FL-33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALTAF AHMED <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1601 N. ST RD 7 LAUDERHILL FL-33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sahem Shrivji <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1601 N. ST RD 7 LAUDERHILL FL-33313 (Trustee)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE: **4/08/01** DAYTIME PHONE #: **954-735-5110.**

CR2E034 (10/00)