

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

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

05-27-2002 90428 038 ***150.00

DOCUMENT # PA6000039136
1. Entity Name
606 FEDERAL PETROLEUM

010004

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
606 N. FEDERAL HWY
Suite, Apt. #, etc.
City & State
FT. LAUDERDALE FL
Zip
33304 Country
Broward

3. Mailing Address
P.O. Box 666862
Suite, Apt. #, etc.
Pompano Beach
City & State
FL
Zip
33069 Country
Broward

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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)

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	<u>PRESIDENT MERLY RAO 1601 N. ST RD 7 Lauderhill FL - 33313</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 4/20/02 DISYBUS PHONE: 954-557-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)