

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90007 025 \*\*\*150.00

0180206

**DOCUMENT # P96000077219**

1. Entity Name  
**ZAVERI OIL, INC.**

Principal Place of Business <b>7350 W. FLAGLER STREET MIAMI FL 33144</b>	Mailing Address <b>7350 W. FLAGLER STREET MIAMI FL 33144</b>
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**526777**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0697653</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RUTECKI, MARK C ESQ.**  
**100 SOUTHEAST 2ND STREET**  
**INTERNATIONAL PLACE, SUITE 3350**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ZAVERI, MUHAMMAD</b>	
STREET ADDRESS	<b>13045 SOUTHWEST 68 STREET, #204</b>	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ZAVERI, IMRAN</b>	
STREET ADDRESS	<b>15688 SW 82<sup>ND</sup> CIR UNIT 24</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT</b>	
STREET ADDRESS	<b>IMRAN ZAVERI</b>	
CITY-ST-ZIP	<b>14241 SW 172 TERRACE</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IMRAN ZAVERI</b>	
STREET ADDRESS	<b>14241 SW 172 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33177</b>	

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 reports 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 an other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **04/01/01** (305) 261-3531

CR2E034 (10/00)