

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90014 022 ***150.00

DOCUMENT # 566390

1. Entity Name
GLOBAL PETROLEUM CORPORATION

Principal Place of Business

Mailing Address

8800 SW 78 STREET
 SUITE 100
 MIAMI FL 33143

P.O. BOX 430065
 MIAMI FL 33243-0065
 US

00001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

T. ASKARI
8190 SW 78 STREET
SUITE 100
MIAMI FL 33143

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BEAL, L	
STREET ADDRESS	8190 SW 78 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARLSON, ALEXANDER	
STREET ADDRESS	8190 S.W. 78TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	ASKARI, MICHAEL	
STREET ADDRESS	8190 SW 78 STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	STD	<input type="checkbox"/> Delete
NAME	AL-KHATIB, FAISAL	
STREET ADDRESS	8190 S.W. 78 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SALMAN, NAEL	
STREET ADDRESS	8190 S.W. 78 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	ABDELAZIZ, TAREK	
STREET ADDRESS	8190 SW 78 STREET	
CITY-ST-ZIP	MIAMI FL 33143	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALI, HUSSAIN	
STREET ADDRESS	8190 SW 78 STREET	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael Askari
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2000 305-596-1000
 Date Daytime Phone #

CR2E034 (9/99)