

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90096 002 ***158.75

DOCUMENT # 566390



1. Entity Name
GLOBAL PETROLEUM CORPORATION

Principal Place of Business
**8190 SW 78 STREET
SUITE 100
MIAMI FL 33143
US**

Mailing Address
**P.O. BOX 430065
MIAMI FL 33243-0065
US**

10053399



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE	M/D/V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALI, HUSSAIN			NAME	AJJAQUI, ATEF H.		
STREET ADDRESS	8190 SW 78 STREET			STREET ADDRESS	8190 SW 78 STREET		
CITY-ST-ZIP	MIAMI FL 33143			CITY-ST-ZIP	MIAMI FL 33143		
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARLSON, ALEXANDER			NAME	LINDSAY, ALASTAIR K.		
STREET ADDRESS	8190 S.W. 78TH ST.			STREET ADDRESS	8190 SW 78 STREET		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI FL 33143		
TITLE	CPD	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ASKARI, MICHAEL			NAME	SANTA MARIA, JORGE		
STREET ADDRESS	8190 SW 78 STREET			STREET ADDRESS	8190 SW 78 STREET		
CITY-ST-ZIP	MIAMI FL 33143			CITY-ST-ZIP	MIAMI FL 33143		
TITLE	STD	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	AL-KHATIB, FAISAL			NAME	BARKER, PHILIP		
STREET ADDRESS	8190 S.W. 78 ST.			STREET ADDRESS	8190 SW 78 STREET		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI FL 33143		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SALMAN, NAEL			NAME	KNIGHT, ROBERT		
STREET ADDRESS	8190 S.W. 78 ST.			STREET ADDRESS	8190 SW 78 STREET		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI FL 33143		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ABDELAZIZ, TAREK			NAME	BEAL, LOU SR.		
STREET ADDRESS	8190 SW 78 STREET			STREET ADDRESS	8190 SW 78 STREET		
CITY-ST-ZIP	MIAMI FL 33143			CITY-ST-ZIP	MIAMI FL 33143		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Askari RECEIVED March 5, 2003 3:05 PM 552 1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)