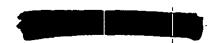
2001 UNIFORM BUSINESS REPORT (VBR) FILED May 24, 2001 8:00 am DOCUMENT # P0000018244 Secretary of State ATLANTIC GUIF OIL LONGEANY INC 05-24-2001 90002 033 \*\*\*150.00 Principal Place of Business Mailing Address 9401 IN. COLONIAL DR # 116 PL 34761 OCOEE 659767 2. Principal Place of Business 3. Mailing Address IN HUDDIFAU EUCHN IVOT nd Janoiffu evang 1401 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 212 City & State City & State 4. FEI Number Applied For ORUANDO OCLANDO FLOWBA 2822465 HOULDA Not Applicable Country Country 39810 \$8.75 Additional 5. Certificate of Status Desired P184E A 2L/ A2V Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARIG RAJON Street Address (P.O. Box Number is Not Acceptable) JOHN CHOND NATIONAL DV. 216 & 311UZ ORLANDO FL 32819 City 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 \_\_\_\_\_ ame of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) FILE NOW! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payab e to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE ☐ Delete ☐ Change Addition ARIF RAJAN NAME JOUI GROND NATIONAL OR # 215 NAME STREET ADDRESS STREET ADDRESS ORLANDO PL 32819 CITY-ST-7/P CITY-ST-ZIP Tuebreara.V TITLE TITLE ☐ Delete Change Addition SALIM VALIANI NAME NAME JOHI GILCOND NATIONAL OR \$ 315 STREET ADDRESS STREET ADDRESS ORLANDO PL 22819 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition DAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP. TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS 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 felport is true and accurate and that missignature shall have the same legal effect as if made under eath; 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: SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

SR2E034 (11/00)

Attachment



THE SECRETARY DIVISION OF CORPORATION P. O. BOX 6327 TALLAHASSEE FL 32314 659767 FEI 74-2946585

Sir / Madam

Please find attached 2001 UNIFORM BUSINESS REPORT form alongwith fees for US\$ 150/being The filing fees. The reason for not filing the report in time is that we have shifted from our old Address and we did not receive the form and we had to call your office requesting for the form Which we received today.

In light of the above we request you to kindly waive the late charges for which we shall be Very thankful. We hope for your favourable consideration.

Sincerely yours For: ATLANTIC GULF OIL CO