

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**  
 05-24-2001 90002 033 \*\*\*150.00

**DOCUMENT #** P000000018244

1. Entity Name

ATLANTIC GULF OIL COMPANY INC

Principal Place of Business

Mailing Address

9401 W. COLONIAL DR # 116  
 OCLOFF FL 34761

2. Principal Place of Business

7041 GROUND NATIONAL DR

3. Mailing Address

7041 GROUND NATIONAL DR

Suite, Apt. #, etc.

215

Suite, Apt. #, etc.

215

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

74-2946585

Applied For

Not Applicable

Zip

32819

Country

USA

Zip

32819

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARIF RAJAN  
 7041 GROUND NATIONAL DR  
 SUITE # 215  
 ORLANDO FL 32819

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

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

(NOT: 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: PRESIDENT  
 NAME: ARIF RAJAN  
 STREET ADDRESS: 7041 GROUND NATIONAL DR # 215  
 CITY-ST-ZIP: ORLANDO FL 32819 ☐ Delete

TITLE: V. PRESIDENT  
 NAME: SALIM VALIANI  
 STREET ADDRESS: 7041 GROUND NATIONAL DR # 215  
 CITY-ST-ZIP: ORLANDO FL 32819 ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
 NAME: ☐ Delete  
 STREET ADDRESS: ☐ Delete  
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
 NAME: ☐ Change ☐ Addition  
 STREET ADDRESS: ☐ Change ☐ Addition  
 CITY-ST-ZIP: ☐ Change ☐ Addition

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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (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

