2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 06, 2001 8:00 am
Secretary of State

05-03-2001 90095 018 ***150.00

48195

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000078615

1. Entity Name
KDL PETROLEUM, INC.

Principal Place of Business	Mailing Address
12955 BISCAYNE BLVD., STE. 202 NORTH MIAMI FL 33181	12955 BISCAYNE BLVD., STE. 202 NORTH MIAMI FL 33181

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: Applied for — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~[illegible]~~
~~[illegible]~~
~~[illegible]~~

7. Name and Address of New Registered Agent

Name: Mark L. Pomeranz
Street Address (P.O. Box Number is Not Acceptable): 12955 Biscayne Boulevard, Suite 202
City: North Miami — FL — Zip Code: 33181

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] Reg Agent — 1/9/01
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARSCH, BARRY J 12955 BISCAYNE BLVD., STE. 202 NORTH MIAMI FL 33181	[XX] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mark L. Pomeranz 12955 Biscayne Boulevard, Suite 202 North Miami, Florida 33181	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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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: [signature] Dir — 4/30/01 — (305) 891-5858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)