

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90406 013 \*\*\*150.00

MASSAD AV

**DOCUMENT # P01000007460**

1. Entity Name  
**1ST PETROLEUM, INC.**

Principal Place of Business

**3006 PALM BEACH BLVD  
 FORT MYERS FL 33916**

Mailing Address

**3006 PALM BEACH BLVD  
 FORT MYERS FL 33916**

2. Principal Place of Business

**13031 METRO PARKWAY**

3. Mailing Address

**8673 LITTLETON ROAD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. MYERS**

City & State

**N. FT. MYERS, FL**

4. FEI Number

**651070734**

Applied For

Not Applicable

Zip

**33912**

Country

**U.S.A**

Zip

**33903**

Country

**U.S.A**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RASHID, MUNAF  
 3006 PALM BEACH BLVD  
 FORT MYERS FL 33916**

7. Name and Address of New Registered Agent

Name **RASHID MUNAF**

Street Address (P.O. Box Number is Not Acceptable)

**8673 LITTLETON ROAD**

City **N. FT. MYERS**

**FL**

Zip Code **33903**

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, 2002 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 **PD** ☐ Delete  
 NAME **RASHID, MUNAF**  
 STREET ADDRESS **3006 PALM BEACH BLVD**  
 CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition  
 NAME **RASHID MUNAF**  
 STREET ADDRESS **3941 S.W 144TH TERRACE**  
 CITY-ST-ZIP **MIRAMAR, FL 33027**

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

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

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TITLE ☐ Change ☐ Addition  
 NAME  
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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02 (239)656-1072**

Date

Daytime Phone #

CR2E034 (9/01)