FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 07, 2002 8:00 am P01000027026 DOCUMENT # Secretary of State 1. Entity Name 02-07-2002 90003 037 \*\*\*150.00 JDP PETROLEUM, INC. Principal Place of Business Mailing Address 4900.W OAKLAND PARK BLVD 4900 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313 LAUDERDALE LAKES PL 33313 2. Principal Place of Business N- FEDERA HUS Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number WOO <del>∜</del>0**W**YW&0D Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PANNU, JASWANT S Street Address (P.O. Box Number is Not Acceptable) 4300 W OAKLAND PARK BLVD LAUDERDALE LAKES FL 33313 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Change Addition TITLE ☐ Delete TITLE PANNU, JASWANT S NAME NAME 4300 W OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33313 ☐ Change ★ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmen with an address, with all effect in the empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

PANNU

DALBIT BSINGH

1-21-02 954-929-3377

Daytime Phone #