, .(C	INIFORM BUSINE	SS REPORT	F (UI	BR)		
DOCUMENT # P01000054204				FILED		
AMERIBANGLA PETRO CORP.					02 MAY 20 PM 3: 49	
					· , ·	
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLOREIT	
	DO NOT WINITE	114 11110 0	rac	<b>L</b>		
1	Place of Business W. Broward Blvd.	3. Mailing Address	Mailing Address 13476 NW 5th Court		1000056782815 -06/04/0201074018	
Suite, Apt		Suite, Apt. #, etc.			DO NOT WAITE IN THIS PACE****550.00	
City & Sta Fort	nte Lauderdale, FL 33312	City & State Plantation, FL 33325			4. FEI Number Applied For 65–1141188 Not Applied by Not Applicable	
Zip 33312	Country US	Zip 33325	Count	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
33312	2   03	33325	l os		7. Name and Address of Current Registered Agent	
				Name Mohammad Z. Hossain		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable) 4172 SW. 98th-Avenue		
IN THIS SPACE				14172 Swayount Avenue		
-				City Minmi E	L FL Zip Code 33165.	
8. The above	e named entity submits this statement for	the purpose of changing its	registere	Miami, F d office or registere		
SIGNATURE	Mohammal 2 Signature, typed or printed name of registered agent an	3. Horsa	べ		5/17/02	
					when reinstating) DATE (	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - Ma After May 1 Amended Make Check Payable			1, Fee is d UBR is	\$550.00 \$61.25	10. Election Campaign Financing Trust Fund Contribution. S 5.00 May Be Added to Fees	
11,	OFFICERS AND D	IRECTORS				
TITLE NAME	Director; President		title Name	:	1000056782815	
STREET ADDRESS	Mohammad Z. Hossain 4172 SW 98th Avenue			T ADDRESS	-06/04/0201074019	
CITY-ST-ZIP	Miami, FL 33165			ST-ZIP	*****8.75 *****8.75	
NAME			TITLE NAME			
STREET ADDRESS CITY-ST-ZIP				T ADDRESS		
TITLE	Director; Vice Pres.	: Secretary	CITY-	ST-ZIP		
NAME	Mohammad Faruk	,	NAME			
STREET ADDRESS	13476 NW 5th Court	- <u> </u>		ADDRESS	DO NOT WRITE	
TITLE	Plantation, FL 33325			ST-ZIP		
NAME			TITLE NAME:		IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP			STREE	ADDRESS:	·	
TITLE			TITLE	) i = 4,)F		
NAME	•		NAME			
STREET ADDRESS CITY-ST-ZIP	}		STREET CITY-S	ADDRESS T-ZIP		
TITLE		. 7	TITLE			
NAME STREET ADDRESS			NAME			
CITY-ST-ZIP	,		STREET CITY-S	ADDRESS T-ZIP		
13. I hereby o	certify that the information supplied with the	is filing does not qualify for			tion 119.07(3)(i). Florida Statutes, I further certify that the information	

indicated on this report or supplied with this inling does not quality 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 on an attachment with an address, with all other like empowered.

5/17/02

305-480-7271