


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90731 033 \*\*\*150.00

0008736  
AT

<b>DOCUMENT #</b> P01000083467	
1. Entity Name MODINA PETROLEUM, INC.	

Principal Place of Business 805 WEST ATLANTIC AVE DELRAY BEACH FL 33444	Mailing Address 805 WEST ATLANTIC AVE DELRAY BEACH FL 33444
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RAHMAN, MOHAMMED M 805 WEST ATLANTIC AVE DELRAY BEACH FL 33444		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	RAHMAN, MD M	
STREET ADDRESS	503 NEW LAKE DRIVE 1235 3435 EX 34	
CITY-ST-ZIP	BOYNTON BEACH FL 33426 332436	
TITLE	V	<input type="checkbox"/>
NAME	MOOR, LAILE	
STREET ADDRESS	19700 SW 100TH AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input type="checkbox"/>
NAME	HOSSAIN, MD A	
STREET ADDRESS	20504 NE 9TH CT	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	D	<input type="checkbox"/>
NAME	RAHUL, MD	
STREET ADDRESS	4139 OKEECHOBEE BLVD	
CITY-ST-ZIP	MIAMI FL 33409	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MOHAMMED M RAHMAN **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
Date: 05-22-03 **561-719-5096** Daytime Phone #

CR2E034 (10/02)