

FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-30-2003 90014 050 ***150.00
05-05-2003 91153 006 ***150.00

03 JUN 12 PM 12:50

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # 02000061306 1. Entity Name KHAN PETROLEUM, INC.			
Principal Place of Business 590 S. STATE ROAD 7 MARGATE FL 33068		Mailing Address 590 S. STATE ROAD 7 MARGATE FL 33068	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number Applied For		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired:		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHAN, TARIQ 8790 S.W. 58TH PLACE COOPER CITY FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when submitting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KHAN, TARIQ 8790 SW 58TH PLACE COOPER CITY FL 33328	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD KHAN, KHALID 5821 SW 88TH TERRACE COOPER CITY FL 33228	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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: <u>SIGNATURE REQUIRED</u> SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR			
Date: 4-24-03			

CR2034 (10/02)

954-974-7402