


FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90218 016 ***150.00

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

50066635

DOCUMENT # P02000116518			
1. Entity Name NORTH AMERICA PETROLEUM INC.			
Principal Place of Business 1701 S.W. 12TH AVENUE BOCA RATON, FL 33486		Mailing Address 1701 S.W. 12TH AVENUE BOCA RATON, FL 33486	
2. Principal Place of Business 1255 W. Palmetto Pk Rd Suite, Apt. #, etc.		3. Mailing Address 1255 W. Palmetto Pk Rd Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33486	Country U.S.A.	Zip 33486	Country U.S.A.
4. FEI Number 36-4511224		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAZA, SYED M 1701 S.W. 12TH AVENUE BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name RAZA, SYED M Street Address (P.O. Box Number is Not Acceptable) 1255 W. Palmetto Park Road. City BOCA RATON FL Zip Code 33486	
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 SYED M. RAZA (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when maintaining) DATE 03/26/03			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAZA, SYED M 1701 S.W. 12TH AVENUE BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N.P NAHEED ARA-RAZA. 3153. Clint Moore Road # 201 BOCA RATON, FL - 33486 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 SYED M. RAZA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President 03/26/03 Date Daytime Phone #	

CR2E034 (1/0/02)