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

## P94000082144 **DOCUMENT #**

1. Entity Name

PETRO K PROPERTIES INC.



## **FILED** Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90125 030 \*\*\*150.00

					,							
5301 BROAD	ace of Busines WAY ACH FL 33407	s	5301	Mailing Address 5301 BROADWAY W PALM BEACH FL 33407				1   10 0   16 0 1   10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>8</b> )11 <b>8.118</b> 1 11	<b>2</b> 67 <b>0</b> 28 <b>0</b> 00 40 <b>0</b> 38	DLDLE SELE TOLL	
2 Principal	Place of Busin	2000	la ve	iling Address							- 11	
2. Trinispar race of business			3. 1012	3. Mailing Address							A1811 B161 1881	
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			Cit	City & State			<b>4.</b> F	07773371/			pplied For ot Applicable	
Zip		Country	Zip		Country		<b>5</b> . C	Certificate of Status Desired		\$8.75 Ad		
	6. Name	and Address of Curre	nt Register	ed Agent			7. N	ame and Address of New Reg	istered A	gent		
5082 WIL	I, CHOWDHI LOW POND BEACH FL 3	RD				ame treet Address (	(P.O. Bo	ox Number is Not Acceptable)				
						ity		, <del>-</del>	FL	Zip Coo		
8. The above the obliga	e named entity tions of regist	y submits this statement ered agent.	t for the purp	pose of changing its	s registered of	ffice or register	red age	nt, or both, in the State of Florid	a. I am fa	ımiliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered age	ent and title if an	vicable (NOT	F: Registered Age	nt signature required	d uchon rain	setatine)	DATE	-		
	ILE NOW!!	! FEE IS \$150.00				- signaturo requirec	S WINGEL LOUIS				<del> </del>	
Afte Make Chec	r May 1, 200 k Payable to	3-Fee will be \$550.0 Florida Department	of State					9. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.0 ——Adde	00 May Be	
10.		OFFICERS AN	ID DIRECTO	RS	11.		ADD	DITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5082 WILL	CHOWDHURY OW POND RD EACH FL 33417	,-	☐ Delete	TITLE NAME STREET ADI					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ASLAM, MO 2520 10TH			☐ Delete	CITY-ST-Z TITLE NAME STREET ADI	DAESS				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	F				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	i				☐ Change	Addition	
TITLE NAME Street address City-St-Zip		-	-	☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI				ĺ	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete	TITLE NAME STREET ADD CITY-ST-ZIE	,		9.07(3)(i), Florida Statutes. I fur		Change	☐ Addition	

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.

SIGNALIS NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #