FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

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DOCUMENT # P95000067590 1. Entity Name				05-28-2002 91756 012 ***150.00		
NORT	HSTAR PETROLEUM, INC		V			
				672989		
	DO NOT WRITE	IN THIS SI	PACE	7. 		
2. Principal Place of Business 8212 Sheldon Road		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For	
Tampa Zip	, Florida Country	Zip	Country	65-0685325	Not Applicable	
33615	USA	1-15	- Country	3. Certificate of Status Desired	ee Required	
			Name	7. Name and Address of Current Registered	Agent	
	DO NOT W	RITE	Street Address	Edward A. McGinty Street Address (P.O. Box Number is Not Acceptable)		
	IN THIS SP	jara (11. v. n. 11. i. 15. abiji intunti intan r	101	E. Kennedy Blvd.		
			, · ~ _ / · _ 	te 2800		
			City Tam	pa FL	Zip Code 33602	
8. The above	named entity submits this statement	r the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE	(me	Say	Edward A. Mo	eGinty, Esq. 5/1/	02	
310110110111	Signature: typed or printed hame of registered agent		E: Registered Agent signature requin			
Tax filing requirement and elects to do so. After May 1, Amended			lay 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25 ble to Department of St	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11,	OFFICERS AND	Harden on heart mean an action of the			igajiya bayyin 200	
TITLE NAME	DPST AmbertL. Petitte		NAME			
STREET ADDRESS	9310 Rockport Place	:	STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33626		CITY-ST-ZIPs ***			
TITLE NAME			NAME			
STREET ADDRESS			STREECADORESS CITY-ST-ZIP	e Maria Barrana Barrana Barrana Barrana Barran Barrana Barrana Barran		
CITY-ST-ZIP			TITLE TO SERVICE TO SE		10. p P 3 /	
NAME	•	÷	NAME 1	بالإسابية والمراب المتنابة بالمايطانية المتعالجة والمعجم المراسعيف		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		The Tool Service Control	
			CITY-ST-ZIP	DO NOT WRI		
TITLE			CITY - ST - ZIP	for the control of th	,7° 3' 4' ,3', 1° 36', 1° 1° 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1'	
NAME			TITLE	DO NOT WRIT	,7° 3' 4' ,3', 1° 36', 1° 1° 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1'	
			TITLE, NAME SIREETADORESS CCTY_ST-ZIP	for the control of th	,7° 3' 4' ,3', 1° 36', 1° 1° 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1'	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _

ANDOLA, H. PULLITAL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

Daytime Phone #

32E034B (12/01)