

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90670 047 ***150.00

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

DOCUMENT # P950000075661
1. Entity Name ISI PETROLEUM CORP ✓

DO NOT WRITE IN THIS SPACE

80064754

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <u>151 AIRPORT RD</u>		Suite, Apt. #, etc. <u>1601 North ST RD 7</u>	
City & State <u>NAPLES FL</u>		City & State <u>LAUDERHILL</u>	
Zip <u>34104</u>	Country	Zip <u>33313</u>	Country
4. FEI Number <u>650611817</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>MERCY RAO</u>	
	Street Address (P.O. Box Number is Not Acceptable) <u>1601 North STATE RD 7</u>	
	City <u>LAUDERHILL</u>	Zip Code <u>FL 33313</u>

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.

SIGNATURE MERCY RAO Mercy Rao 03/11/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinsating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Mercy Rao</u> <u>PRESIDENT</u> <u>1601 NORTH RD</u> <u>LAUDERHILL FL 33313</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Mary Rao 03/11/02 954 557 1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)