

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90366 046 ***150.00

DOCUMENT # P95000085765

1. Entity Name
SAHARA PETROLEUM, INC.

Principal Place of Business Mailing Address
SARNO RD **2944 SARNO RD.**
FL 32935 **MELBOURNE FL 32935-8854**

2. Principal Place of Business 3. Mailing Address
2094 Highway A1A **2094 Highway A1A**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
INDIAN HARBOR BCH **INDIAN HARBOR BCH**
 City & State City & State
FL **FL**
 Zip Zip Country Country
32937 **32937** **US** **US**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3345609** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
LARKIN, DAVID G
1900 S. HICKORY ST.
MELBOURNE FL 32901
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	FARES, RAOUF S		STREET ADDRESS		
CITY-ST-ZIP	403 A1A		CITY-ST-ZIP		
	SATELLITE BCH FL 32937				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VPS		STREET ADDRESS		
CITY-ST-ZIP	MAKAR, WASFI A		CITY-ST-ZIP		
	502 LANTERNBACK DRIVE				
	SATELLITE BEACH FL 32937				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAOUFUSE FARES **4-21-00** **321-777-9356**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)