

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PG6000028886**
 1. Entity Name
MOLLYBROOK OIL CORP

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 AUG 29 PM 2:03

Principal Place of Business Mailing Address
1700 DOUGLAS RD
MIRAMAR FL 33025

2. Principal Place of Business 3. Mailing Address
MIRAMAR FL
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1700 DOUGLAS RD
 City & State City & State
MIRAMAR FL
 Zip Country Zip Country
33025 BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
650686404 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NAZIR MADHANI
1700 DOUGLAS RD
MIRAMAR FL 33025

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

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, 2001 Fee will be \$350.00
 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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	NAZIR MADHANI	
STREET ADDRESS	8853 NW 151 ST	
CITY-ST-ZIP	MAM FL 33018	
TITLE	V. PRESIDENT	<input type="checkbox"/> Delete
NAME	REHANA K. MADHANI	
STREET ADDRESS	8853 NW 151 ST	
CITY-ST-ZIP	MAM FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 807, 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: **NAZIR MADHANI** 8/20/01 954 438 7656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)