2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am DOCUMENT # **P97000067174** Secretary of State AMERICAN STAR OIL, INC. 02-28-2001 90054 020 ***150.00 Principal Place of Business Mailing Address 1300 W AIRPORT BLVD 402 HIGH POINT DR SANFORD FL 32771 COCOA FL 32926 HS 2. Principal Place of Business 3. Mailing Address 740 NICKLAUS DAIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3460556 FLORFOA MELCOURNE, Not Applicable Zip Country \$8.75 Additional U.S.A. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAH, RAJENDRA Street Address (P.O. Box Number is Not Acceptable) 402 HIGHPOINT DR COCOA FL 32926 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE ☐ Delete TITLE Addition ☐ Change SHAH, RAJENDRA R NAME NAME STREET ADDRESS 740 NICKLAUS DR. STREET ADDRESS CITY - ST- 71P MELBOURNE FL 32940 CITY-ST-ZIP ☐ Delete TITLE Change Addition SHAH, NISHITH NAME STREET ADDRESS 4220 WEST KING ST. STREET ADDRESS CITY - ST - ZIP COCOA FL 32926 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHASTRI, NILESH NAME NAME STREET ADDRESS 9912 EAST COLONIAL DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32817 CITY - ST- ZIP TITLE ☐ Delete TITLE Change Addition NAME SUNIL, SHAH NAME STREET ADDRESS 158 BLANDING BLVD STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL 32073 CHY-ST-ZIP ☐ Delete TITLE Change Addition

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Delete

<u> 2/20/01</u>

321.690 · 0807

Change

Addition

;R2E034 (10/0)