## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State DOCUMENT # P97000094344 1. Entity Name 05-01-2002 91568 013 \*\*\*150.00 BENGAL PETROLEUM #112, INC. Principal Place of Business Mailing Address 6101 SOUTH MACDILL AVENUE 1525 N.W. 3RD STREET., SUITE 14 **TAMPA FL 33611** DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3477366 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KHAN, MOHAMMED D Street Address (P.O. Box Number is Not Acceptable) 18338 FRESH LAKE WAY **BOCA RATON FL 33498** City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KHAN, MOHAMMED D NAME STREET ADDRESS 18338 FRESH LAKE WAY STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME AHMED, JALAL NAME STREET ADDRESS 1737 INDIAN ROCK ROAD STREET ADDRESS CITY-ST-ZIP LARGO FL 34774 CITY-ST-ZIP TITLE Delete TÎTLE MANZURUL ISLAM P ☐ Change NAME NAHID, FATIMA NAME 12693 TORBAY DR STREET ADDRESS 12693 TORBAY DRIVE STREET ADDRESS BOCA - RATON FL- 33428 CITY-ST-ZIP **BOCA RATON FL 33428** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME 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

SIGNATURE:

changed, or on an attachment with an address, with all other like-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9M)725-0(vo

FILED