FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700094348 1. Corporation Name

BENGAL PETROLEUM #114, INC.

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90139 033 ***150.00



Principal Place of Business	Mailing Address			O IBEIL OFBOR SITE OFBU 1914 1961			
81644 OVERSEAS HIGHWAY ISLAMORADA FL 33036	P.O. BOX 524 LAYTON FL 33001 US		DO NOT WRITE IN THE	S SPACE			
			3. Date Incorporated or Qualifed 11/04/1997				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21			65-0791899	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required -			
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25		ountry	This corporation owes the current year In Personal Property Tax.	ntangible ☐ Yes ☐ No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
NATH, SUDHIR C		81 Name					
68300 OVERSEAS HIGHWAY		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)				
LAYTON FL 33001		83					
		84 City	F				
 Pursuant to the provisions of Sections 607.0 office or registered agent, or both, in the State agent. I am familiar with, and accept the obline. 	ate of Florida. Such change was authorize	ed by the corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its registered ointment as registered			
SIGNATURE			ed when reinstating) DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD DELETE	1.1 TITLE	□ Cha	nge 🗌 Addition				
NAME	KHAN, MOHAMMED D	1.2 NAME						
STREET ADDRESS	18338 FRESH LAKE WAY	1.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33498	1.4 CITY-ST-ZIP						
TITLE	VD DELETE	2.1 TITLE	☐ Cha	nge 🗌 Addition				
NAME	ISLAM, MANZURUL	2.2 NAME						
STREET ADDRESS	12693 TORBAY DRIVE	2.3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33428	2. 4 CITY-ST-ZIP						
TITLE	SD DELETE	3.1 TITLE	☐ Cha	nge 🔲 Addition				
NAME	NATH, SUDHIR C	3.2 NAME						
STREET ADDRESS	68300 OVERSEAS HIGHWAY	3.3 STREET ADDRESS						
CITY-ST-ZIP	LAYTON FL 33001	3.4. CITY-ST-ZIP						
TITLE	DELETE	4.1 TITLE	☐ Cha	nge 🗀 Addition				
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE		☐ Cha	nge Addition				
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CfTY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Cha	nge 🗀 Addition				
NAME		6.2 NAME	,					
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY- ST-ZIP						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an eddress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR