## 2000 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## May 17, 2000 8:00 am Secretary of State DOCUMENT # P97000094348 BENGAL PETROLEUM #114, INC. 05-17-2000 90856 029 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 524 OVERSEAS HIGHWAY AUVVVVV# LAYTON FL 33001-0524 20404 FL 33036 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0791899 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent =6. Name and Address of Current Registered Agent Name NATH, SUDHIR C Street Address (P.O. Box Number is Not Acceptable) 68300 OVERSEAS HIGHWAY LAYTON FL 33001 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE NAMÉ KHAN, MOHAMMED D STREET ADDRESS 18338 FRESH LAKE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33498 ☐ Addition TITLE VD. ☐ Delete TITLE NAME NAME ISLAM, MANZURUL STREET ADDRESS STREET ADDRESS 12693 TORBAY DRIVE CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33428** Charige Addition ⊡-Delete TITLE TITLE NAME NATH, SUDHIR C NAME STREET ADDRESS STREET ADDRESS 68300 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP LAYTON FL 33001 Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition ☐ Delete TITL F 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

FILED