## 2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

## May 02, 2002 8:00 am Secretary of State DOCUMENT.# **P97000094348** 05-02-2002 90080 042 \*\*\*150.00 BENGAL PETROLEUM #114, INC. Mailing Address Principal Place of Business P.O. BOX 524 81644 OVERSEAS HIGHWAY HIIDOZDIO LAYTON FL 33001 ISLAMORADA FL 33036 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0791899 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired 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 Zip Code City 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. 1950 Chartage Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11:00:1501 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME KHAN, MOHAMMED D NAME STREET ADDRESS STREET ADDRESS 18338 FRESH LAKE WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33498** Addition ☐ Change DIDE ☐ Delete TITLE **VD** NAME NAME ISLAM, MANZURUL STREET ADDRESS 12693 TORBAY DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL 33428** Change Addition Delete TITLE TITLE SD NAME NAME NATH, SUDHIR C STREET ADDRESS STREET ADDRESS 68300 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP LAYTON FL 33001 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME 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 13. Thereby 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 Lam 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

Daytime Phone #