

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90054 026 \*\*\*150.00

DOCUMENT # P97000101874

1. Entity Name  
**UNITED AMERICAN PETRO INC.**

Principal Place of Business

Mailing Address

402 HIGH POINT DR  
 COCOA FL 32922  
 US

402 HIGH POINT DR  
 COCOA FL 32922  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3491677**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHAH, RAJENDRA**  
**402 HIGHPOINT DR**  
**COCOA FL 32922**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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 Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP**  Delete  
 NAME **SHAH, NILESH**  
 STREET ADDRESS **4220 W KING STREET**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  Change  Addition  
 CITY-ST-ZIP  Change  Addition

TITLE **P**  Delete  
 NAME **SHAH, MAHESH R.**  
 STREET ADDRESS **702 HANKSBIL ISL DR**  
 CITY-ST-ZIP **SATELLITE BEACH FL 32926**

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  Change  Addition  
 CITY-ST-ZIP  Change  Addition

TITLE **S**  Delete  
 NAME **SHAH, RAJENDRA R.**  
 STREET ADDRESS **740 NICKLAUS DR**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  Change  Addition  
 CITY-ST-ZIP  Change  Addition

TITLE **T**  Delete  
 NAME **SHAH, NISHITH**  
 STREET ADDRESS **4220 W. KING ST**  
 CITY-ST-ZIP **COCOA FL 32926**

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  Change  Addition  
 CITY-ST-ZIP  Change  Addition

TITLE  Delete  
 NAME  Delete  
 STREET ADDRESS  Delete  
 CITY-ST-ZIP  Delete

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  Change  Addition  
 CITY-ST-ZIP  Change  Addition

TITLE  Delete  
 NAME  Delete  
 STREET ADDRESS  Delete  
 CITY-ST-ZIP  Delete

TITLE  Change  Addition  
 NAME  Change  Addition  
 STREET ADDRESS  Change  Addition  
 CITY-ST-ZIP  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.

SIGNATURE:

*Signature of Rajendra Shah*  
 RAJENDRA SHAH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/28/01*  
 Date

*321 690-0807*  
 Daytime Phone #

CR2E034 (10/00)