## 2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business SSM W. BUE HERON BLVD RWERN BEACH R. 3990  2. Principal Place of Business Sulva, Apr. 8, etc.  Sulva, Apr. 8, etc.  City & State  A FEI Number & \$5-0833052  A Replied For Recognition For Recog	1. Entity Na	JMENT # P9800 ETROLEUM, INC.		May 03, 2001 8:00 at Secretary of State 04-12-2001 90047 016 ***150.00						
RIVERA BEACH FL 33404  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  A FEI Number 65-0833052  Applicable  Se. 75 Additional  File Properties  B. Name and Address of Current Registered Agent  Name  ROBAL, KAZ  3891 W. BLUE HERON BLVD  RIVERA BEACH FL 33404  City  City  File  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Alternative in Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Alternative in Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Alternative in Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Alternative in Not Acceptable)  Acceptable in Not Acceptable in Not Acceptable)  Acceptable in Not Acceptable in Not Acceptable)  Acceptable in Not Acceptable in Not Acceptable in Not Acceptable in Not A	Principal Pla	ace of Business	Mailing Address							
Suffe, Apt. #, etc.    Control   Suite							<b>;</b>			
City & State  Country  City Country  City Country  City Country  City Country  City City City City City City City City	2. Principal	Place of Business	3. Mailing Address	3. Mailing Address						
Zip   Country   Zip   Country   S. Certification of Status Desired   \$4.75 Additional Fee Required Research   \$5.75 Additional Fee Required Research   \$6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   Name	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DC	) NOT WRITE IN 1	THIS SPACE		
Country Zip Country S. Certificate of Status Desired Status Desired S. \$8.75 Additional Fee Required  6. Name and Address of Current Registered Agent    Name	City & State		City & State	City & State		FEI Number 65	0833052			7
S. Name and Address of Current Registered Agent   Name	Zip	Country	Zip	Country	5.	Certificate of Statu	a Desired	\$8.75 A	dditional	†
Street Address (P.C. Box Number is Not Acceptable)		6. Name and Address of Curr	ent Registered Agent		7.	Name and Addres	s of New Registe			_
Street Address (F.O. Box Number is Not Acceptable)  Street Address (F.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, types or primed name of registered agent and the Facebasia.  Portic Registered Agent styrulural registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangable Tax filling requirement and elects to do so.  After MAY 1, 2017 Fee will be \$550.00  After MAY 1, 2017 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  IOBAL, KAZ  SIBERT ADDRESS  1008 NW. 130TH TERRACE  SIBERT ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  CITY-ST-2P  WEST PALM BEACH FL 33068  TITLE  MWE  SIBERT ADDRESS  CITY-ST-2P  TITLE  CITY-ST-			<del></del>	Name	<del></del>					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Survava, yead or ormad name of registered segent and the V applicable.	3691 W. BLUE HERON BLVD			Street A	Address (P.O.	Box Number is Not	Acceptable)			
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  Bywane, hysic or orinsed name of registered sport and the # sopkischia.  POTE  1. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  1. OFFICERS AND DIRECTORS  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  1. OFFICERS AND DIRECTORS  1. Change  1. Addition  MAKE  1. SIRET ADDRESS  1. CHANGES  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  1. OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND D	****			City				FL Zip Co	de	-
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (Soe criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  10. Delete ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  10. Delete ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  10. Delete ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  10. Delete  11. OFFICERS AND DIRECTORS IN 11  10. Delete ITIE  10. Delete  11. OFFICERS AND DIRECTORS IN 11  10. Delete  11. OFFICERS AND DIRECTORS IN 11  10. Delete  11. OFFICERS AND DIRECTORS  12. O	8. The above	e named entity submits this statemer	nt for the purpose of changing it	ls registered office o	r registered a	gent, or both, in the	<del></del>			-
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN II.  ITILE DESTRICT ADDRESS CITY-ST-2P  ITILE DAS N.W. 130TH TERRACE SUNRISE FL 33323  ITILE DAY WEST PALM BEACH FL 33408  ITILE DAY WAY  ITILE DAY WEST PALM BEACH FL 33408  ITILE DAY WAY  ITILE DAY WEST PALM BEACH FL 33408  ITILE DAY WEST PALM BEACH FL 334	SIGNATURE	Signature, knowl or printed name of registered a	pent and the glappicable. (NC	TE: Recistored Agent signal	une reculred when	reinstatino)	·	ATÉ	· 	
Tax filing requirement and elects to do so.  (See criteria on back)  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  Trust Fund Contribution.  Added to Fees  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  INAME  10BAL, KAZI  STREET ADDRESS  1008 N.W. 130TH TERRACE  STREET ADDRESS  10TY-ST-2P  SUNRISE FL 33323  TITLE  D HAQUE, MOHAMMED  STREET ADDRESS  CITY-ST-2P  TITLE  D HAQUE, MOHAMMED  STREET ADDRESS  CITY-ST-2P  TITLE  D MUSTAFA, SURAIYA  TITLE  D MUSTAFA, SURAIYA  TITLE  D MUSTAFA, SURAIYA  TITLE  D MUSTAFA, SURAIYA  TITLE  TIT	0 This	<del></del>		<del></del>		1				-
TITLE  IOBAL, KAZI	Tax filing requirement and elects to do so.		After MAY 1, 2	After MAY 1, 2001 Fee will be \$550.00						
NAME STREET ADDRESS CITY-ST-2P SUNRISE FL 33323  TITLE D MAME STREET ADDRESS CITY-ST-2P TITLE D MUSTAFA, SURAIYA STREET ADDRESS CITY-ST-2P TITLE D MUSTAFA, SURAIYA STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS	11		ND DIRECTORS	12.					RS IN 11 -	<u> </u>
TITLE D HAQUE, MOHAMMED STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition MAME STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	10BAL, KAZI 1008 N.W. 130TH TERRACE	□ Delete	NAME STREET ADDRESS	SHAH	PAHAN D.	A FOO		Addition	CR2E034 (10/00)
TITLE D MUSTAFA, SURAIYA STREET ADDRESS	NAME STREET ADDRESS	D HAQUE, MOHAMMED 507 GREEN SPRING PLACE		NAME STREET ADDRESS					Addition	CR2
TITLE Delete TITLE Change Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE Delete TITLE TITLE Change Addition  Addition  NAME STREET ADDRESS  CITY-ST-ZIP  TITLE NAME STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	NAME STREET ADORESS	D Mustafa, suraiya 114 COLLY-Way		NAME STREET ADDRESS				☐ Change	Addition	
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS	IV. DAGGE GALL I E GOOD	☐ Delete	NAME Street address		<u>.</u>		☐ Change	☐ Addition	-
	NAME Street adoress	·	□ Delete	NAME Street address				☐ Change	☐ Addition	
TITLE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST	NAME Street address City-St-Zip			NAME STREET ADDRESS 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 (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:  954-491-0094	changed.	or on an attachment with an address			ed in Section ive the same l oter 607, Flori	da Statutes; and Ina	it my name appea	irs in Block 11 or	Block 12 if	