

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90030 041 ***150.00

DOCUMENT # P9800095592
 1. Entity Name
 PETROLEUM EXPRESS INC

Principal Place of Business Mailing Address
 10730 N. 56th St
 Suite 200
 Tampa FL 33617

658309

2. Principal Place of Business Same as above
 Suite, Apt. #, etc.
 3. Mailing Address Same as above
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
 4. FEI Number 593602203 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
 Noor Salhab
 10730 N. 56th St Suite 200
 Tampa FL 33617

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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
 TITLE NAME Delete
 STREET ADDRESS CITY-ST-ZIP
 P Noor Salhab
 10730 N. 56th St Suite 200
 Tampa FL 33617
 TITLE NAME Delete
 STREET ADDRESS CITY-ST-ZIP
 S ANWAR HASAN
 10730 N. 56th St Suite 200
 Tampa FL 33617

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME Change Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME Change Addition
 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 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: G. Trust 4/29/2001 813-899-9801
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CRZE034 (11/00)