

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081877

1. Entity Name  
B.I. OIL, INC.

Principal Place of Business  
11225 S. CLEVELAND AVE.  
FORT MYER FL 33907

Mailing Address  
11225 S. CLEVELAND AVE.  
FORT MYER FL 33907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0864418

Applied For  
Not Applicable

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

ROYSTON, ROBERT D JR.  
12670 NEW BRITTANY BLVD.  
SUITE 101  
FORT MYERS FL 33907

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 D ☐ Delete  
NAME PATWARY, MOHAMMED M  
STREET ADDRESS 5456 N.W. 120TH AVE.  
CITY-ST-ZIP CORAL SPRINGS FL 33076

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 14134 REFLECTION LAKES DR  
CITY-ST-ZIP FORT MYERS - FL - 33907

TITLE D ☐ Delete  
NAME JABBAR, MUHAMMAD A  
STREET ADDRESS 10620 CLEAR LAKE LOOP #201  
CITY-ST-ZIP FT. MYERS FL 33908

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 14134 REFLECTION LAKES DR  
CITY-ST-ZIP FORT MYERS - FL - 33907

TITLE D ☐ Delete  
NAME DESAI, HEMANT  
STREET ADDRESS 200 LEMONTREE UNIT #2  
CITY-ST-ZIP ORMOND BEACH FL 32175

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

TITLE D ☐ Delete  
NAME RASHID, TAPASH  
STREET ADDRESS 10580 CLEAR LAKE LOOP, APT#61  
CITY-ST-ZIP FORT MYERS FL 33908

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: *md. Abdul Jabbar* MUHAMMAD ABDUL JABBAR

Date

Daytime Phone #

FILED  
Jan 19, 2001 8:00 am  
Secretary of State

01-19-2001 90048 048 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)