

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003129

1. Entity Name

BREVARD STAR OIL, INC.

Principal Place of Business

4220 W. KING ST.  
COCOA FL 32926

Mailing Address

4220 W. KING ST.  
COCOA FL 32926

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 59-3551812

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

SOILLAR, JOHN MR  
1970 MICHIGAN AVE BLVD C  
COCONUT FL 32923

Name Shah Niles

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

4802 Solitary DR

City Rockledge

FL

Zip Code

32955

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]*

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 PT  
NAME SHAH, NILESH  
STREET ADDRESS 4102 SOLITARY DR.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE PT  
NAME SHAH Niles  
STREET ADDRESS 4802 Solitary DR  
CITY-ST-ZIP Rockledge FL 32955 ☒ Change ☐ Addition

TITLE V  
NAME SHAH, MAHESH  
STREET ADDRESS 402 HIGH POINT DR.  
CITY-ST-ZIP COCOA FL 32926 ☐ Delete

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

TITLE S  
NAME SHAH, NISHITH  
STREET ADDRESS 4102 SOLITARY DR.  
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE S  
NAME SHAH Nishith  
STREET ADDRESS 4802 Solitary DR  
CITY-ST-ZIP Rockledge FL 32955 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90091 001 \*\*\*150.00

00027800



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)