

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90065 011 ***150.00

DOCUMENT # P99000015373

1. Entity Name

SINDH PETROLEUM, INC.

Principal Place of Business

Mailing Address

**2807 E IRLO BRONSON HWY
 KISSIMMEE FL 34744**

**2807 E IRLO BRONSON HWY
 KISSIMMEE FL 34746-4825**

816140

2. Principal Place of Business

3. Mailing Address

5329 FLYING EAGLE LN

5329 Flying Eagle Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

KISSIMMEE

City & State

City & State

KISSIMMEE, FL

KISSIMMEE, FL

Zip

Country

Zip

Country

34746

USA

34746

USA

4. FEI Number

Applied For

59-355588

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

**ANSARI, FAREED A
 2807 E IRLO BRONSON HWY
 KISSIMMEE FL 34744**

Name

FARHAT RAB

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

5329 Flying Eagle Lane

City

Kissimmee

FL

Zip Code

34746

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

PRESIDENT

02-20-2000

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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	ANSARI, FAREED A	
STREET ADDRESS	2807 E IRLO BRONSON HWY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	FARHAT- RAB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	5329 FLYING EAGLE LN	
CITY-ST-ZIP	KISSIMMEE- FL 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 duly empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/2000

Date

407-9735262

Daytime Phone #

CR2E034 (9/99)