

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 16, 2001 8:00 am
Secretary of State

08-16-2001 90001 002 ***550.00

0103192 AV

DOCUMENT # P99000015373

1. Entity Name
SINDH PETROLEUM, INC.

Principal Place of Business
5329 FLYIN GEAGLE LN
KISSIMMEE FL 34746

Mailing Address
5329 FLYIN GEAGLE LN
KISSIMMEE FL 34746



2. Principal Place of Business
2800 Vine Land Ave

3. Mailing Address
P.O. Box 692704

Suite, Apt. #, etc.
K-8

Suite, Apt. #, etc.

City & State
Orlando - FL

City & State
ORLANDO - FL

4. FEI Number
59-3555878

Applied For
 Not Applicable

Zip
32801

Country
USA

Zip
32869

Country
USA

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAB, FARHAT
5329 FLYING EAGLE LANE
KISSIMMEE FL 34746

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 *Farhat Rab* DATE 7-3-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☒ Delete
 NAME **RAB, FARHAT**
 STREET ADDRESS **5329 FLYING EAGLE LANE**
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT / DIRECTOR** ☒ Change ☒ Addition
 NAME **RAB, FARHAT**
 STREET ADDRESS **2210 GRAND CAYMEN - CT # 1726**
 CITY-ST-ZIP **KISSIMMEE - FL 34741-2777**

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

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

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

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

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE: *Farhat Rab* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-01

Date

407-414-0383

Daytime Phone #

10/3 40034 (5/01)