# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 24, 2002 8:00 am**
**Secretary of State**
04-24-2002 90332 003 ***150.00

DOCUMENT # P99000051005

1. Entity Name
AMERICANA PETRO PLUS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 402 HIGHPOINT DR. #101<br>COCOA FL 32926 | 402 HIGHPOINT DR. #101<br>COCOA FL 32926 |

DO NOT WRITE IN THIS SPACE

| 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 59-3580290 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHAH, MAHESH R
402 HIGHPOINT DR, #101
COCOA FL 32926

**7. Name and Address of New Registered Agent**

Name MR. JOHN SOILEAU.
Street Address (P.O. Box Number is Not Acceptable)
1970 MICHIGAN AVE
City COCOA FL Zip Code 32922

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 _____ 4/15/02
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DVP<br>SHAH, MAHESH R<br>402 HIGHPOINT DR 101<br>COCOA FL 32926 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>SHAH, RASHMI M<br>402 HIGHPOINT DR 101<br>COCOA FL 32926 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>YONGINI, PATEL<br>402 HIGHPOINT DR 101<br>COCOA FL 32926 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>YOGESH, PATEL<br>402 HIGHPOINT DR 101<br>COCOA FL 32926 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 REQUIRED 3/25/02 321 631- 0248
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)