**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 13, 2002 8:00 am DOCUMENT # P99000051417 **Secretary of State** 1. Entity Name 02-13-2002 90011 031 \*\*\*150.00 SUNSTAR PETRO, INC. Principal Place of Business Mailing Address 402 HIGH POINT DRIVE - #101 402 HIGH POINT DRIVE - #101 B0022770 COCOA FL 32926 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3580284 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAH, RAJENDRA R Street Address (P.O. Box Number is Not Acceptable) 402 HIGH POINT DRIVE - #101 **COCOA FL 32926** Zip Code FL 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) ☐ Delete TITLE Addition Change NAME Shah, rajendra r NAME STREET ADDRESS STREET ADDRESS 740 NICKLAUS DRIVE CITY-ST-ZIP MELBOURNE FL 32940 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME SHAH, MAHESH R NAME STREET ADDRESS 702 HAWKSBILL ISLAND DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME shah, sunil n NAME STREET ADDRESS **158 BLANDING BOULEVARD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: