

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90152 006 ***158.75

US330796 1A7

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1. Entity Name
SUPER STOP OF TEXAS, INC.

Principal Place of Business
**1500 W. CYPRESS CREEK RD.
STE. 407
FT LAUDERDALE FL 33309
US**

Mailing Address
**1500 W. CYPRESS CREEK RD.
STE. 407
FT LAUDERDALE FL 33309
US**

60014045



2. Principal Place of Business
**1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.**

3. Mailing Address
**1215 W. NEWPORT CTR DR
Suite, Apt. #, etc.**

CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH, FL
Zip
33442
Country
BROWARD

City & State
DEERFIELD BEACH, FL
Zip
33442
Country
BROWARD

4. FEI Number **65-0471918**

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

**MARKATIA, MOHAMMED A
1901 W CYPRESS CREEK RD #400-4
FT LAUDERDALE FL 33309**

Name
MARKATIA MOHAMMED A
Street Address (P.O. Box Number is Not Acceptable)
1215 W. NEWPORT CTR. DRIVE
City
DEERFIELD BEACH FL Zip Code
33442

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *M. A. Markatia*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2-24-03**

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD	<input type="checkbox"/> Delete
NAME MARKATIA, MOHAMMED A	
STREET ADDRESS 22132 CRESSMONT DRIVE	
CITY-ST-ZIP BOCA RATON FL	
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 PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARKATIA, MOHAMMED A	
STREET ADDRESS 1215 W. NEWPORT CTR DRIVE	
CITY-ST-ZIP DEERFIELD BEACH, FL. 33442	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. A. Markatia*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)