

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90230 022 ***150.00

DOCUMENT # **P93000046905** ✓

1. Entity Name

FUEL NATION INC

Principal Place of Business

Mailing Address

2. Principal Place of Business

1700 N. DIXIE HWY

3. Mailing Address

1700 N. DIXIE HWY

Suite, Apt. #, etc.

SUITE 125

Suite, Apt. #, etc.

SUITE 125

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0827283

Applied For

Not Applicable

Zip

33432

Country

US

Zip

33432

Country

US5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RONALD FIELDSTONE**201 ALHAMBRA CIRCLE****SUITE 601****CORAL GABLES, FL. 33134**

7. Name and Address of New Registered Agent

Name

PAUL I. SAPITA

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

1700 N. DIXIE HWY**SUITE 125**

City

BOCA RATON

FL

Zip Code

33432

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

4/30/019. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ DeleteNAME **ADLER, RUSSELL B**STREET ADDRESS **930 WASHINGTON AVE 4TH FL**CITY-ST-ZIP **MIAMI BEACH, FL. 33139**TITLE **D** ☐ DeleteNAME **RUH, EDWIN**STREET ADDRESS **930 WASHINGTON AVE 4TH FL**CITY-ST-ZIP **MIAMI, FL. 33139**TITLE **CPD** ☐ DeleteNAME **SALMONSON, CHRIS**STREET ADDRESS **930 WASHINGTON AVE 4TH FL**CITY-ST-ZIP **MIAMI BEACH, FL. 33139**TITLE **CEO** ☒ DeleteNAME **BROWNSTEIN, JOEL**STREET ADDRESS **930 WASHINGTON AVE 4TH FL**CITY-ST-ZIP **MIAMI BEACH, FL. 33139**TITLE **D** ☒ DeleteNAME **SIMMONS ROBERT**STREET ADDRESS **930 WASHINGTON AVE**CITY-ST-ZIP **MIAMI, FL. 33139**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Change ☒ AdditionNAME **SAPITA, PAUL I.**STREET ADDRESS **1700 N. DIXIE HWY #125**CITY-ST-ZIP **BOCA RATON, FL. 33432**TITLE **D** ☒ Change ☐ AdditionNAME **RUH, EDWIN**STREET ADDRESS **1700 N. DIXIE HWY #125**CITY-ST-ZIP **BOCA RATON, FL. 33432**TITLE **CPD** ☒ Change ☐ AdditionNAME **SALMONSON, CHRIS R**STREET ADDRESS **1700 N. DIXIE HWY #125**CITY-ST-ZIP **BOCA RATON, FL. 33432**TITLE **CEO** ☐ Change ☒ AdditionNAME **WILSON, JAMES L.**STREET ADDRESS **1700 N. DIXIE HWY #125**CITY-ST-ZIP **BOCA RATON, FL. 33432**TITLE **D** ☐ Change ☒ AdditionNAME **SCHLECHT WILLIAM C.**STREET ADDRESS **1700 N. DIXIE HWY #125**CITY-ST-ZIP **BOCA RATON, FL. 33432**TITLE **D** ☐ Change ☒ AdditionNAME **SHAIKH ISA MOHAMMED ISA ALKHALIFA**STREET ADDRESS **1700 N. DIXIE HWY #125**CITY-ST-ZIP **BOCA RATON, FL. 33432**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

4/30/01

Daytime Phone #

561-391-5883

CR2E034 (1/100)