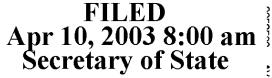
## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P93000052886 **DOCUMENT #** 1. Entity Name



PUNJAB	MOBIL MART, INC.						0110200	J J0100 00	5 150	,.00	
Principal Plac 9497 NW 7 A MIAMI FL 331 US	VE	9497 N	Mailing Address 9497 NW 7TH AVE MIAMI FL 33150 US								
Principal Place of Business     3. Mailing Address						]	I LENGTHAN COM TROPE COLO MARILAN	1114 <b>60</b> 151 <b>0616</b> 7 <b>6</b> 11	I <b>B</b> 11801 IBIBI 1	<b>6</b> 114 <b>6</b> 141 1461	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Stat	е	City &	City & State			4. FEIN	EE-0/12/119E			plied For t Applicable	]
- Zip	Country	Zíp~;	7 7 -	~Country	<del></del>	5. Certificate of Status Desired S8.75 Add Fee Require					
6. Name and Address of Current Registered Agent						7. Nam	e and Address of New F	Registered Ag	ent		1
	•				Name						
TAHIR, JAMILA					Street Address (P.O. Box Number is Not Acceptable)						
1111 NE 203 ST					Street Address (P.O. Box Number is Not Acceptable)						j
MIAMI FL 33179											
,,,,,					City			FL	Zip Code	)	
	named entity submits this stations of registered agent.  Signature, typed or printed name of regist				office or register			orida. I am far DATE	miliar with, a	and accept	
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 \$5.00 May Be Trust Fund Contribution.   Added to Fees				
10.	OFFICE	RS AND DIRECTORS	3	11.		ADDITI	ONS/CHANGES TO OFF	ICERS AND C	DIRECTORS	3 IN 11	] _
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAREEF, RAMZAN 10020 SHERIDIAN ST #1 PEMBROKE PINES FL 33		☐ Delete	TITLE NAME STREET	ADDRESS - ZIP			[	Change	☐ Addition	00,01,1001
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP-	STD ISMAIL, MOHAMMAD T 1111 NE 203 ST MIAMI FL		☐ Delete	TITLE NAME STREET	ADDRESS	* \* * =		] جہ ۔	☐ Change	Addition	0
TITLE	DP	· · ·	☐ Delete	TITLE				[	Change	Addition	1
NAME	TAHIR, JAMILA			NAME							
STREET ADDRESS	1111 N.E. 203 STREET				ADDRESS						
CITY-ST-ZIP	NORTH MIAMI FL			CITY-ST	-ZIP						
TITLE			☐ Delete	TITLE				[	Change	☐ Addition	
NAME				NAME							
CTREET ADDRESS	l e			TOTOLET.	ADDDEGO I						ı

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 of 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 w other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

Change

Change

☐ Addition

☐ Addition