

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90029 029 \*\*\*150.00

**DOCUMENT # S02879**  
 1. Entity Name  
**HI-TEST SERVICE STATION, INC.**

Principal Place of Business      Mailing Address  
 15290 NW 7TH AVE      15290 NW 7TH AVE  
 MIAMI FL 33169      MIAMI FL 33169-6204



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**15300 N.W. 7th Avenue**  
 Suite, Apt. #, etc.

3. Mailing Address  
**15300 N.W. 7th Avenue**  
 Suite, Apt. #, etc.

City & State  
**Miami, Fl.**

City & State  
**Miami, Fl.**

Zip      Country      Zip      Country  
**33169      Miami/Dade      33169      Miami/Dade**

4. FEI Number      Applied For  
**65-0246230**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**VOLANTE, GABRIEL**  
**15290 N.W. 7TH AVENUE**  
**MIAMI FL 33169**

7. Name and Address of New Registered Agent  
 Name      **VOLANTE, GABRIEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**15300 N.W. 7th AVENUE**  
 City      **MIAMI**      FL      Zip Code      **33169**

*ADDRESS CORRECTION*

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 *Gabriel Volante*      DATE **04-28-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	<b>DP</b> <b>VOLANTE, GABRIEL</b> <b>15290 NW 7 AVE</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>VOLANTE, GABRIEL</b> <b>15300 N.W. 7th AVENUE</b> <b>MIAMI, FL. 33169</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gabriel Volante*      DATE **04-28-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**GABRIEL VOLANTE**

CR2E034 (9/99)