## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE  $(\frac{y}{z})$ 

| 2000 UNIFORM BUSINESS REPORT (UBR)   |                                     |  |  |  | APPROVED<br>AND   |   |  |
|--|-------------------------------------|--|--|--|---|---|--|
| DOCUMENT # L9900006942   |                                     |  |  |  | FILE  |   |  |
| 1. Entity Name<br>1450 BANKS ROAD LLC  |                                     |  | المتناوة المستاهم  |  | 00 MAY 30 A   | MII: 44   |  |
|  | · -                                 |  | ·  |  | SECRETARY C   | IF STATE  |  |
| Principal Place of Busines   |                                     | Mailing Address  | - 400  |  | TALLAHASSEE   | , FLORIDA   |  |
| 1700 N. DIXIE HWY. STE 125 1700 N. DIXIE HWY. STE BOCA RATON FL 33432 BOCA RATON FL 33432  |                                     |  |  | -  |   |   |  |
|  |                                     |  |  |  |   | . <b></b>   |  |
| 2. Principal Place of Busi   | iness                               | 3. Mailing Address   |  |  |   |   |  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |                                     |  |  |  | DO NOT WRITE  | E IN THIS SPACE   |  |
| City & State City & State  |                                     |  |  | 4. FFI N   | iumher c AA /   | 00110   | Applied For  |
| City & State   |                                     |  |  | 4.12,11  | 65 -09600 <b>40</b> Not Applicable  |   |  |
| Zip  | Country                             | Zip  | Country  | 5. Certif  | icate of Status Desired   | □ \$5.00 A<br>Fee Requi   |  |
| 6. Name  | e and Address of Curre              | nt Registered Agent  | Name   |  | and Address of New Re   | <del></del>   | <u>-</u>   |
| SALMONSON, CHRIS R<br>1700 N DIXIE HWY, STE 125<br>BOCA RATON FL 33432   |                                     |  |  | - Chilis - K. Stifffonson  |   |   |  |
|  |                                     |  | Street A   | ddress (P.O. Box N   | umber is Not Acceptable)  |   |  |
|  |                                     |  |  |  |   |   |  |
|  |                                     |  | C:4  |  |   | FL Zip Co   | de   |
| Jee, mineria de Oi   |                                     |  | City   | _  |   |   |  |
|  | ity submits this statement          | for the purpose of changing its                                      |  | registered agent, o  | or both, in the State of Flor   | FL  |  |
| 3. The above named enti  | ity submits this statement          | for the purpose of changing its                                      |  | registered agent, o  | or both, in the State of Flor   | FL  |  |
| 3. The above named enti  | ty submits this statement           | 10 CHANGE)   |  |  |   | FL  |  |
| 3. The above named enti  | ( N                                 | ent and title if applicable.  FILE N                                 | s registered office o  | ure required when reinstate  |   | ida.  |  |
| 3. The above named enti  | d or printed name of registered age | ent and title if applicable.  FILE N                                 | s registered office o  TE: Registered Agent signal  TOW!!! FEE IS \$   | ure required when reinstation is a second sec |   | DATE  |  |
| 3. The above named entities and the signature of the sign | d or printed name of registered age | ent and title if applicable.  FILE N Make Check Pa                   | s registered office o  TE: Registered Agent signal  IOW!!! FEE IS \$  ayable to Depart   | ure required when reinstatu<br>50.00<br>ment of State  | ng)<br>ADDITIONS/(  | DATE  CHANGES   | Addition   |
| 3. The above named entities and the above named entities and the above named entities are also as a second entities and the above named entities are also as a second entities are also as | d or printed name of registered age | ent and title if applicable.  FILE N Make Check Pa                   | s registered office o  TE: Registered Agent signal  IOW!!! FEE IS \$  ayable to Depart   | THE MEAL FMS   | ADDITIONS/O<br>PICA- LLC MGRA<br>WE HIGHWAY SUI   | DATE  CHANGES  CHANGES  TE IX   | Addition .   |
| B. The above named entities and the above nam | d or printed name of registered age | FILE N Make Check Pa  MBERS/MEMBERS                                  | S registered office o  TE: Registered Agent signal  IOW!!! FEE IS 3  ayable to Depart  10.  TITLE  NAME  STREET ADDRESS  CITY- ST-ZIP  | we required when reinstatus 50.00 ment of State  MEMBER FUEL RMS 1700 N.DN BOCA RA   | ng)   | CHANGES  TE 125   |  |
| B. The above named enti SIGNATURE Signature, types  9.  IIILE  IMME SIREET ADDRESS  IIIT- 81- ZIP  | d or printed name of registered age | ent and title if applicable.  FILE N Make Check Pa                   | s registered office o  TE: Registered Agent signal  IOW!!! FEE IS \$  ayable to Depart  10.  TITLE  NAME  STREET ADDRESS   | MEMBER FUEL AME 1700 N.Di BOCA RA  | ADDITIONS/O<br>PICA- LLC MGRA<br>WE HIGHWAY SUI<br>TON, FL. 334   | CHANGES  TE 125   |  |
| SIGNATURE SIGNAT | d or printed name of registered age | FILE N Make Check Pa  MBERS/MEMBERS                                  | TE: Registered Office o  TE: Registered Agent signal  IOW!!! FEE IS 4  ayable to Depart  10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | MEMBER FUEL RME 1700 N.Di BOCA PA PAUL SAPI  | ADDITIONS/O<br>PICA LLC MGLA<br>WE HIGHWAY SUI<br>TON, FL. 334<br>ITA<br>IXIE HIGHWAY SI                                | CHANGES  TE 125  Change   |  |
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| B. The above named entities of the status of | d or printed name of registered age | FILE N Make Check Pa  MBERS/MEMBERS                                  | S registered office of the registered Agent signal to the register agent to the reg | MEMBER FUEL RME 1700 N.Di BOCA PA PAUL SAPI  | ADDITIONS/O<br>PICA LLC MGLA<br>WE HIGHWAY SUI<br>TON, FL. 334<br>ITA<br>IXIE HIGHWAY SI                                | CHANGES  TE 125  Change  Change   | ☐ Addition   |
| B. The above named entities of the street address city-st-zip cittle street address  | d or printed name of registered age | FILE N Make Check Pa  MBERS/MEMBERS  Delette                         | S registered office of the registered Agent signal to Depart 10.  TITLE NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME STREET ADDRESS CITY- ST-ZIP  TITLE NAME STREET ADDRESS CITY- ST-ZIP   | MEMBER FUEL RME 1700 N.Di BOCA PA PAUL SAPI  | ADDITIONS/O<br>PICA- LLC MGRA<br>VIE HIGHWAY SUI<br>TON, FL. 334<br>IXIE HIGHWAY SI<br>IXIE HIGHWAY SI<br>TON, FL. 3343 | CHANGES  TE 125  Change  Change  Change   | Addition   |
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| 3. The above named enti- SIGNATURE S | d or printed name of registered age | FILE N Make Check Pa  MBERS/MEMBERS  Delete  Delete  Delete          | TE: Registered Office of Stayable to Depart  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME   | MEMBER FUEL RME 1700 N.Di BOCA PA PAUL SAPI  | ADDITIONS/OF LICATURE HIGHWAY SUITON, FL. 3343 TON, FL. 3343 TON, FL. 3343  | CHANGES  TE 125  Change  Change  Change   | Addition  Addition  Addition  The Addition             |
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