## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

F93000002671 **DOCUMENT #** 

1. Entity Name

WILSHIRE OIL COMPANY OF TEXAS



## **FILED** Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90067 050 \*\*\*150.00

|  |   |                                       |                  |  |                          |                                       | VE TELS          |                                |                                |                                  |            |                            |                          |                              |
|--|---|---------------------------------------|------------------|--|--------------------------|---------------------------------------|------------------|--------------------------------|--------------------------------|----------------------------------|------------|----------------------------|--------------------------|------------------------------|
| Principal Place of Business<br>921 BERGEN AVENUE<br>JERSEY CITY NJ 07306   |   |                                       | 921              | Mailing Address 921 BERGEN AVENUE JERSEY CITY NJ 07306 |                          |                                       |                  |                                | 4 E <b>nd</b> in <b>e</b> a im | <b>0</b> 10100 ligit <b>50</b> 1 |            | Hiir <b>ee</b> nh <b>a</b> |                          | 1 <b>441</b>   1401   1401   |
| 2. Principal Place of Business   |   |                                       |                  | 3. Mailing Address                                     |                          |                                       |                  |                                |                                |                                  |            |                            |                          |                              |
| Suite, Apt. #, etc.  |   |                                       | Sui              | Suite, Apt. #, etc.                                    |                          |                                       |                  | ☐ CHECK HERE IF MAKING CHANGES |                                |                                  |            |                            |                          |                              |
| City & State   |   |                                       | City             | City & State   |                          |                                       |                  | <b>4</b> . F                   | El Number                      | 84-05136                         | 668        |                            |                          | pplied For<br>lot Applicable |
| Zip  |   |                                       | Zip Co           |  |                          | itry                                  |                  | <b>5.</b> C                    | ertificate of \$               | Status Desire                    | ed         |                            | \$8.75 Ad<br>Fee Require | ditional                     |
| 6. Name and Address of Current   |   |                                       | t Register       | Registered Agent                                       |                          |                                       |                  | 7. N                           | ame and Ad                     | dress of Ne                      | w Regi     | stered A                   | gent                     | ·                            |
| O T CORROBATION OVERTING   |   |                                       |                  |  |                          | Name                                  |                  |                                |                                |                                  |            |                            |                          |                              |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324   |   |                                       |                  | لوسدان المسعود   |                          | Street Address (F                     |                  |                                | x Number is                    | Not Accept                       | able) .    | <del></del>                |                          |                              |
|  | 701112 3002   | •                                     |                  |  | I                        | City                                  | <del></del>      |                                | .,                             | · · ·                            |            | FL                         | Zip Coo                  | de                           |
| 8. The above the obliga  | e named entity<br>itions of registe                   | submits this statement for red agent. | or the purp      | pose of changing its                                   | registere                | ed office or                          | registered       | d age                          | nt, or both, ir                | the State o                      | f Florida  | . I am f                   | amiliar with,            | and accept                   |
| SIGNATURE  | Signature, typed o                                    | printed name of registered agent      | and title if app | Dicable. (NOT  | F: Registered            | Agent signati                         | ura required w   | hea rain                       | rtating)                       | <u>.</u>                         |            | DATE                       |                          | <u>.</u>                     |
|  |   | · · · · · · · · · · · · · · · · · · · |                  |  |                          | a Agent signati                       | - equilou wi     | men rein                       | statuly)                       |                                  |            | DATE                       | <del></del>              | <u> </u>                     |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State |   |                                       |                  |  |                          |                                       |                  |                                |                                | n Campaigr<br>und Contribi       |            | ing 🗆                      |                          | 00 May Be<br>I to Fees       |
| 10.  |   |                                       |                  | IRECTORS 11.   |                          |                                       |                  | ADD                            | ITIONS/CHA                     | ANGES TO C                       | DEFICE     | RS AND                     | DIRECTOR                 | S IN 11                      |
| TATLE  | IZAK, SHERRY W 4 WINDERMERE COURT LIVINGSTON NE 07039 |                                       |                  | ☐ Delete   |                          | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                  |                                |                                |                                  |            |                            | ☐ Change                 | Addition                     |
| NAME<br>STREET ADDRESS<br>CITY ST ZIP  |   |                                       |                  |  |                          |                                       |                  |                                |                                |                                  |            |                            | _ •                      |                              |
| TITLE NAME STREET ADDRESS CITY ST. ZIR.  | V<br>HAYES, KEI<br>5717 NORT<br>EDMOND O              | HWOOD DRIVE                           |                  | ☐ Delete   |                          |                                       |                  |                                | <u> </u>                       |                                  |            | <del></del>                | ☐ Change                 | ☐ Addition                   |
| TÎTLE<br>NAME<br>STREET ADORESS  | 115 REDMC   |                                       |                  | ☐ Delete   | TITLE<br>NAME            |                                       |                  |                                | <u>.</u>                       | - N                              | <u>.</u>   |                            | ☐ Change                 | ☐ Addition                   |
| CITY-ST-ZIP  | WATCHUNG  | NJ                                    |                  | <del></del> -  | CITY-                    | ST-ZIP≐ · -                           |                  |                                |                                | <u> </u>                         |            |                            |                          | ĺ                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | D<br>  Wachtel,  <br>  578 Irvingt<br>  Hillside N    | Ton avenue                            |                  | ☐ Delete   |                          | T ADDRESS                             |                  |                                | <u>-</u>                       |                                  |            |                            | Change                   | ☐ Addition                   |
| TITLE  |   |                                       | ·····            |  | CITY-S                   |                                       |                  |                                |                                |                                  |            |                            |                          |                              |
| NAME<br>Street address<br>City-St-Zip  |   |                                       |                  | □ Delete   | NAME<br>STREET<br>CITY-S | F ADDRESS                             | 313 L            | p G<br>ong                     | . Kuppe<br>bow Dri             | ive                              |            |                            | ☐ Change                 | Addition {                   |
| TITLE<br>NAME  |   |                                       |                  | ☐ Delete   | TITLE<br>NAME            | -                                     | <del>rrank</del> | tin                            | Lakes                          | ,— <del> \</del> • J.            | , <u>C</u> | ) <b>741</b> 7             | Change                   | Addition                     |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |                                       |                  |  |                          | ADDRESS<br>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 officer in the empowered.

**SIGNATURE:** 

HRED. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR