

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

09-19-2002 90160 035 \*\*\*550.00

**DOCUMENT # K88363**

1. Entity Name  
**6101 MIAMI LAKES DRIVE, INC.**

Principal Place of Business  
**6101 MIAMI LAKES DRIVE**  
**MIAMI LAKES FL 33014**

Mailing Address  
**6101 MIAMI LAKES DRIVE**  
**MIAMI LAKES FL 33014**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
**KWIK STOP XI**  
**6101 Miami Lakes Drive**  
**Miami Lakes, FL 33014**

Suite, Apt. #, etc.  
**KWIK STOP XI**  
**6101 Miami Lakes Drive**  
**Miami Lakes, FL 33014**

4. FEI Number **65-0179483**  Applied For  
 the Same  Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUBHI, MUSTAFA HAMIDEH**  
**6101 MIAMI LAKES DR**  
**MIAMI LAKES FL 33014**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Subhi Hamideh* **Subhi Hamideh** **sep 07 2002**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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>M</b> <b>SUBHI, MUSTAFA HAMIDEH</b> <b>9001 N.W. 148 STREET</b> <b>MIAMI FL 33018</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Subhi Hamideh* **Subhi Hamideh** **sep. 07.2002**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)