

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005977

1. Entity Name

ATALLA'S QUICK STOP, L.L.C.

FILED

01 JUL 25 AM 8:47

Principal Place of Business

Mailing Address

1020 SOUTH W.C. OWENS AVE.
CLEWISTON FL 33440

1020 SOUTH W.C. OWENS AVE.
CLEWISTON FL 33440

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1024753

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, ANTONIO R
417 WEST SUGARLAND HIGHWAY
CLEWISTON FL 33440

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE: PRES
NAME: ATALLA, Maisar O Delete
STREET ADDRESS: 212 S Lopez Street
CITY-ST-ZIP: Clewiston FL 33440

TITLE: Change Addition
NAME: 500004509635-0
STREET ADDRESS: -07/31/01--01060--007
CITY-ST-ZIP: *****50.00 *****50.00

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Maisar O. Atalla
SIGNATURE: Maisar O. Atalla, President

07-03-01

863-983-5882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE