

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90232 005 \*\*\*\*50.00

**DOCUMENT # L00000005977**



1. Entity Name  
**ATALLA'S QUICK STOP, L.L.C.**

Principal Place of Business  
**1020 SOUTH W.C. OWENS AVE.  
CLEWISTON FL 33440**

Mailing Address  
**1020 SOUTH W.C. OWENS AVE.  
CLEWISTON FL 33440**

**44001633**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1024753**

Applied For

Not Applicable

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 **HEFFE RYAN, RICHARD L**

Street Address (P.O. Box Number is Not Applicable)  
**2911 EAST PALM STREET**

City **PAHOKEE, FL.** **FL** Zip Code **33476**

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

*Richard L. Jefferson*

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

(NOTE: Registered Agent signature required when making)

**4-11-03**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due by May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRES**  Delete  
NAME **ATALLA, MAJSAR O**  
STREET ADDRESS **212 L LOPEZ STREET**  
CITY-ST-ZIP **CLEWISTON FL 33440**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: *MAJSAR O ATALLA*

**MAJSAR O ATALLA (Pres: ident)**

**04-11-03**

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

Date

Daytime Phone #

CR2E083 (10/02)