

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M50119

1. Entity Name
PIT STOP FOOD STORES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90020 019 ***150.00

Principal Place of Business

26-73 O/S HWAY
MARATHON FL 33050
US

Mailing Address

387 E. SEAVIEW DR.
DUCK KEY
MARATHON FL 33050
US

643932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **54-0001973**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VASQUEZ FABIO
387 E. SEAVIEW DR.
DUCK KEY
MARATHON FL 33050

7. Name and Address of New Registered Agent

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

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE **VP** ☐ Delete
NAME **VASQUEZ AMPARO**
STREET ADDRESS **387 E SEAVIEW DR**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **P** ☐ Delete
NAME **VASQUEZ, FABIO J**
STREET ADDRESS **387 E SEAVIEW DR**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **M** ☐ Delete
NAME **VASQUEZ, FABIO A.**
STREET ADDRESS **387 E SEAVIEW DR**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **TD** ☐ Delete
NAME **WILLIAM VASQUEZ**
STREET ADDRESS **387 E SEAVIEW DR**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **S** ☐ Delete
NAME **ANDREA VASQUEZ**
STREET ADDRESS **387 E SEAVIEW DR**
CITY-ST-ZIP **MARATHON FL 33050**

TITLE **D** ☐ Delete
NAME **FABIAN VASQUEZ**
STREET ADDRESS **387 E SEAVIEW DR**
CITY-ST-ZIP **MARATHON FL 33050**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2001

Date

305-743-6163

Daytime Phone #

CR2E034 (10/00)