

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90018 011 ***150.00

DOCUMENT # P00000022517

1. Entity Name
E & E GAS STATION, INC.

Principal Place of Business
**9 N. ROYAL POINCIANA BLVD.
 MIAMI SPRINGS FL 33166**

Mailing Address
**9 N. ROYAL POINCIANA BLVD.
 MIAMI SPRINGS FL 33166**

904040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Exxon
5098 Airport Rd
 Suite, Apt. #, etc.

3. Mailing Address
Exxon
5098 Airport Rd
 Suite, Apt. #, etc.

City & State
Mtles, FL
 Zip
34105
 Country
Collier

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Mtles, FL
 Zip
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 Country
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4. FEI Number: **65-0987863**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CANERA, EDUARDO
 1762 CORAL WAY
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **MIGUEL ECHEVERRIA**
 Street Address (P.O. Box Number is Not Acceptable)
5098 Airport Rd
 City **Mtles** FL Zip Code **34105**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **1/16/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD/S/T ECHEVERRIA, MIGUEL 9 N. ROYAL POINCIANA BLVD. MIAMI SPRINGS FL 33166	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ECHEVERRIA, MARIA 9 N. ROYAL POINCIANA BLVD. MIAMI SPRINGS FL 33166	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/16/01**
 DATE DAYTIME PHONE #

CR2E034 (10/00)