2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000067528 **DOCUMENT #**

1. Entity Name

MIAMI SHORES 95 AMOCO, INC.



Mar 17, 2003 8:00 am \$ Secretary of State **FILED**

03-17-2003 90081 038 ***150.00

Principal Place of Business Sign W 9511 STREET MAM FL 23150 2. Principal Place of Business Sign W 9511 STREET MAM FL 23150 2. Principal Place of Business Sign W 9511 STREET MAM FL 23150 3. Malling Address City & State City						(S) 12 1	3/				
Suito, Apt. 1, etc.	595 NW 95TH STREET			595 NW 95TH STREET							
City & State	Principal Place of Business 3. Mailing Address							: 100 11 11 11 11 11 11 11 11 11 11 11 11			
Country Ze	Suite, Apt.	#, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
SODD, SANIAY SSSS SW 173 WAY MIRAMAR FL 33029 City FL Satisfactor South Agent segment of registered agent. Signature Sig	City & State			City & State			4	hh-11124434			
SOOD, SANJAY 3556 SW 173 WAY MIRAMAR FL 33029 City FL City City FL	Zip Country			Zip Country			5	F. Cortificate of Status Posicod			
Name		6. Name	and Address of Current	Registered Age	nt		7. Name and Address of New Registered Agent				
STORE ADDITIONS Change							Name				
City	· · · · · · · · · · · · · · · · · · ·					Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. SIGNATURE Signature FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SIGNATURE OFFICERS AND DIRECTORS OITY-ST-2P MIRAMAR FL 33029 TITLE UDDIN, MOHAMMED J 2876 BISCAYNE BLVD NIMME SIRET ADDRESS CITY-ST-2P NIMMIN FL 33181 TILE SO RAHMAN, MOHAMMAD A 650 NE 135 ST #208 N MAMI FL 33181 Delete TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE CITY-S	MIRAMAR	FL 33029									
SIGNATURE Signat	1					City		FL Z	ip Code		
Signature, private furnived aroper to rigitatived appert and its et al-perfective (NOTE: Registered Apperts opnative report were furnived.) SAFE	the obligations of registered agent.										
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATORE :	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: F	Registered Agent signature in	equired whe	en reinstating) DATE			
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME SOOD, SANJAY STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP 11. NAME NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ITILE NAME NAME STREET ADDRESS CITY-ST-ZIP 11. NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. NAME NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 11 11. NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 11 11. ADDITIONS/CHANGES TO OFFICER AND DIRECTORS IN 11 11. NAME STREET ADDRESS CITY-ST-ZIP 11. ADDITIONS/CHANGES TO OFFICER AND OFFI	After May 1, 2003 Fee will be \$550.00 g. Election Campaign Financing \$5.00 f. Trust Fund Contribution.										
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TITLE NAME UDDIN, MOHAMMED J STREET ADDRESS CITY-ST-ZIP N MIAMI FL 33181 TITLE SD RAHMAN, MOHAMMAD A STREET ADDRESS CITY-ST-ZIP N MIAMI FL 33181 TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	SOOD, SA 3556 SW	ANJAY 173 WAY		Delete	TITLE NAME STREET ADDRESS	<u>`</u>				
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	NAME Street Address City-St-Zip					NAME STREET ADDRESS CITY-ST-ZIP				,	

inereby certify triat the information supplied with this inling does not quality 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 exprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: