## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P00000114209 SUPER STOP PETROLEUM V. INC. 04-26-2001 90296 016 \*\*\*158.75 Mailing Address Principal Place of Business 6221 WEST ATLANTIC BLVD 6221 WEST ATLANTIC BLVD MARGATE FL 33063 MARGATE FL 33063 958886 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Nymber 65-1060440 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name QURESHI, DENISE Street Address (P.O. Box Number is Not Acceptable) 6221 WEST ATLANTIC BLVD MARGATE FL 33063 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. DATE (NOTF: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete Change Addition 1471 F TYTUE NAME QURESHI, DENISE NAME STREET ADDRESS STREET ADDRESS 6221 WEST ATLANTIC BLVD CITY-ST-7IP CITY-ST-ZiP MARGATE FL 33063 ☐ Change Addition TITLE TISLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TiTLE NAME NAME STREET ADDRESS STREE! ADDRESS CITY - ST - ZIP CITY - ST - ZiP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIE Acdition Change Change TITLE ☐ Delete TITLE NAM<sup>2</sup> NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Ti Addition ☐ Delete 101 E NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 119.07(3)(i), Fiorida Statutos. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR