

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000005232

1. Entity Name  
PAK GAS & OIL #1, INC.

Principal Place of Business  
1201 NW 103RD ST  
MIAMI FL 33147

Mailing Address  
1201 NW 103RD ST  
MIAMI FL 33147

2. Principal Place of Business  
1201 NW 103rd St  
Suite, Apt. #, etc.

3. Mailing Address  
1201 NW 103rd St  
Suite, Apt. #, etc.

City & State  
Miami FL  
Zip  
33147  
Country  
Miami Dade

City & State  
Miami FL  
Zip  
33147  
Country  
Miami Dade

4. FEI Number 65-1068430

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HAQ, EHSAN UL  
1201 NW 103RD ST  
MIAMI FL 33147

## 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. I am familiar with, and accept the obligations of registered agent.

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 \$350.00**  
After September 13, 2002 Fee will be \$750.00  
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

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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 REQUIRED**

SIGNATURE OF PERSON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/2002

Date

Daytime Phone #

**FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90221 035 \*\*\*550.00

42081

DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)