2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

621 MONTE CRISTO BLVD

TIERRA VERDE FL 33715

UNIFORM BUSINESS REPORT (UBR P01000007539 DOCUMENT # 1. Entity Name

AMOCO 54, INC.

Principal Place of Business

2. Principal Place of Business

621 MONTE CRISTO BLVD

TIERRA VERDE FL 33715

Suite, Apt. #, etc.

City & State

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

03-17-2003 90131 017 ***150.00

☐ CHECK HERE IF MAKING CHANGES						
00 0000020	Not Applicable					

Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent			Fee Requi	red	
			Name	7. Name and Address of New Registered Agent Name			
ZAKI, AS	HRAF			<u> </u>			
621 MONTE CRISTO BLVD			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
1	ERDE FL 33715						
			City	, , , , , , , , , , , , , , , , , , ,	FL Zip Co	de	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office or regi	stered agent, or both, in the State of Florida.	am familiar with	, and accept	
SIGNATURE				•			
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature req	uired when reinstating) DA	ATE		
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	I		Election Campaign Financing Trust Fund Contribution.	_ 40.1	DO May Be ed to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAKI, ASHRAF 621 MONTE CRISTO BLVD TIERRA VERDE FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABA, WALID 621 MONTE CRISTO BLVD TIERRA VERDE FL 33715	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE		☐ Delete	TITLE		Chanca	- Adam-	

12. 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP