

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

05-19-2003 90224 043 ***150.00

DOCUMENT # P01000017314

1. Entity Name
FINISH LINE GAS, INC.



Principal Place of Business
**2990 NW 24TH ST.
ONE SE 3 AVE. STE 960
MIAMI FL 33131**

Mailing Address
**C/O LESLIE ALAN ROZENCWAIG, P.A.
ONE SE 3 AVE. STE 960
MIAMI FL 33131**

55050255

2. Principal Place of Business

3. Mailing Address

2990 N.W. 24th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL 33142

4. FEI Number

01-0648294

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROZENCWAIG, LESLIE ALAN PA
ONE SE 3 AVE, STE 960
MIAMI FL 33131**

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 restate)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D FLORES, HECTOR
2990 NW 24 ST
MIAMI FL 33142**

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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 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 10 or Block 11 if changed, or on an attachment with an address, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 219-2504

CR2E034 (10/02)