

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P01000039691*  
1. Entity Name *RWIK STOP #1022 Inc. of Hypoluxo*

**FILED** *1002*

03 JUN -3 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business *12350 Boneventure Dr.*  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

*0203 WASC*  
DO NOT WRITE IN THIS SPACE

City & State *Boynton Beach, FL*  
*33437* Country

City & State  
Zip Country

4. FEI Number *65-1095011* Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name *KADER MIA*  
Street Address (P.O. Box Number is Not Acceptable)  
*12350 BONEVENTURE DRIVE*  
City *BOYNTON BEACH FL* Zip Code *FL-33437*

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 *Kader Mia* (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.

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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

TITLE <i>Pr.</i> NAME <i>KADER MIA</i> STREET ADDRESS <i>12350 Boneventure Dr.</i> CITY-ST-ZIP <i>Boynton Beach, FL 33437</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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500019681845 05/21/03--01062--008 **150.00
500019681845 06/11/03--01053--010 **150.00
<b>DO NOT WRITE IN THIS SPACE</b>

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kader Mia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/19/03* (561)649-7742  
Date Daytime Phone #

CR2E034B (12/01)

**A & K BOOKKEEPING & TAX CONSULTANTS**

**Syed H. Sharfi, M.B.A., B.B.A.**  
**Accounting & Tax, Fla Atlantic University**  
**Asif S. Sharfi, CPA**  
**Office & fax (561) 640-4010**  
**Residence (561) 697-3086**

*2003*

May 19<sup>th</sup> 2003

Secretary of State  
Tallahassee, FL

Dear Sir or Madam:

**Charter # P01000039691 / kwik Stop # 1022 of Hypoluxo Inc.**

Please find enclosed Application of Reinstatement of Kwik Stop #1022 Inc. of Hypoluxo. *we* changed our address and had notified the Post Office, but something gone wrong and we could not get the UBR in original. **Your good office can also see our old address which should be changed, to our new address as appeared on Reinstatement Application, please.**

We are extremely thankful for your sympathetic consideration in this matter.

Please process these requests and send a letter confirming that this Corporation is active.

Thank you.

Regards,



Syed Sharfi  
Ak Bookkeeping & Tax Consultant.  
4623 Forest Hill Blvd., Suit 109-2.  
W.P.B., Fla 33415