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**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90077 012 \*\*\*150.00

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P01000094942**

1. Entity Name

GAS STATION WORLD, INC.

Principal Place of Business

2240 PARK 82 PARK  
 FT. MYERS FL 33905

Mailing Address

2240 PARK 82 PARK  
 FT. MYERS FL 33905

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1140836

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

PERLMAN, JOSEPH N ESO.  
 1101 BELCHER ROAD, SOUTH, SUITE B  
 LARGO FL 33771

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.

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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

TITLE	D	<input type="checkbox"/> Delete
NAME	IBRAHIM, ABDEL	
STREET ADDRESS	2240 PARK 82 PARK	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADDAH, WALID	
STREET ADDRESS	2240 PARK 82 PARK	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FATTAH, BUTHAINA ABDEL	
STREET ADDRESS	2240 PARK 82 PARK	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-02

Date

(941) 334-2265

Daytime Phone #

CR2E034 (9/01)