

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90240 036 \*\*\*150.00

**DOCUMENT # P01000111071**

1. Entity Name  
**AMERICO FOOD & FUEL, INC.**



Principal Place of Business  
2320 CURLEW ROAD  
PALM HARBOR, FL 33468-3

Mailing Address  
2320 CURLEW ROAD  
PALM HARBOR, FL 33468-3

20034164



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

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

City & State

City & State

4. FEI Number  
**59-3757386**

Applied For  
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOOSA, ABDUL MAJID  
2320 CURLEW ROAD  
PALM HARBOR, FL 33468-3

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

**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

TITLE **PD**  Delete  
NAME **MOOSA, ABDUL MAJID**  
STREET ADDRESS **2320 CURLEW ROAD**  
CITY-ST-ZIP **PALM HARBOR, FL 334683**

TITLE **VPD**  Delete  
NAME **HEMANI, IQBAL N**  
STREET ADDRESS **2320 CURLEW ROAD**  
CITY-ST-ZIP **PALM HARBOR, FL 334683**

TITLE **D**  Delete  
NAME **MOOSA, FAUZIA**  
STREET ADDRESS **2320 CURLEW ROAD**  
CITY-ST-ZIP **PALM HARBOR, FL 334683**

TITLE **D**  Delete  
NAME **HEMANI, ALMAS I**  
STREET ADDRESS **2320 CURLEW ROAD**  
CITY-ST-ZIP **PALM HARBOR, FL 334683**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 (954) 812 5025  
Date Daytime Phone #

CR2E034 (10/02)