

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90368 021 ***150.00

DOCUMENT # P01000117163

1. Entity Name
A M J OIL COMPANY, INC.



Principal Place of Business
~~3250 PEMBROKE RD~~ **5411, STIRLING RD**
~~HALLANDALE FL 33009~~ **DAVIE, FL-33314**

Mailing Address
~~3250 PEMBROKE RD~~ **5411, STIRLING RD**
~~HALLANDALE FL 33009~~ **DAVIE, FL-33314**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State **DAVIE, FL**
~~Pembroke Park, FL~~

Zip Country

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~~Pembroke Park, FL~~

Zip Country

4. FEI Number **65-1159538**

Applied For
Not Applicable

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

CHANDY, JOSEPH A
~~3250 PEMBROKE RD~~ **5411, STIRLING RD**
~~HALLANDALE FL 33009~~ **DAVIE, FL-33314**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **Pembroke Park DAVIE FL** Zip Code ~~33009~~ **33314**

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 Joseph A. Chandy DATE 3/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	CHANDY, JOSEPH P	
STREET ADDRESS	3250 PEMBROKE RD 5411, STIRLING RD	
CITY-ST-ZIP	HALLANDALE FL 33009 DAVIE, FL-33314	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUSSAIN, MOHAMED	
STREET ADDRESS	3250 PEMBROKE RD 5411, STIRLING RD	
CITY-ST-ZIP	HALLANDALE FL 33009 DAVIE, FL-33314	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDY, JOSEPH	
STREET ADDRESS	3250 Pembroke Road 5411, STIRLING RD	
CITY-ST-ZIP	Pembroke Park, FL. 33009 DAVIE, FL-33314	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSAIN, MOHAMED	
STREET ADDRESS	3250 Pembroke Road 5411, STIRLING RD	
CITY-ST-ZIP	Pembroke Park, FL. 33009 DAVIE, FL-33314	
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		
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: Joseph A. Chandy DATE 3/28/03 DAYTIME PHONE # 954-792-7689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)